



2018

Document Code: 201

**ANNUAL STATEMENT**  
**For the Year Ending DECEMBER 31, 2018**  
**OF THE CONDITION AND AFFAIRS OF THE**

**Health Care Service Corporation, a Mutual Legal Reserve Company**

NAIC Group Code	0917 (Current Period)	0917 (Prior Period)	NAIC Company Code	70670	Employer's ID Number	36-1236610
Organized under the Laws of	Illinois		State of Domicile or Port of Entry		IL	
Country of Domicile	United States of America					
Licensed as business type:	Life, Accident & Health[X]	Property/Casualty[ ]	Hospital, Medical & Dental Service or Indemnity[ ]			
	Dental Service Corporation[ ]	Vision Service Corporation[ ]	Health Maintenance Organization[ ]			
	Other[ ]	Is HMO Federally Qualified? Yes[ ] No[X] N/A[ ]				
Incorporated/Organized	10/01/1936		Commenced Business	01/01/1937		
Statutory Home Office	300 East Randolph Street (Street and Number)		Chicago, IL, US 60601-5099 (City or Town, State, Country and Zip Code)			
Main Administrative Office	300 East Randolph Street (Street and Number)		Chicago, IL, US 60601-5099 (City or Town, State, Country and Zip Code)			
Primary Location of Books and Records	300 East Randolph Street (Street and Number)		Chicago, IL, US 60601-5099 (City or Town, State, Country and Zip Code)			
Internet Website Address	www.hcsc.net		(Area Code) (Telephone Number)			
Statutory Statement Contact	James Edward Walsh (Name) James_Walsh@bcbst.com (E-Mail Address)		(312)653-6000 (Area Code) (Telephone Number)			
			(312)653-7443 (Area Code)(Telephone Number)(Extension)			
			(312)653-1103 (Fax Number)			

**OFFICERS**

Name	Title
Paula Amy Steiner	President & Chief Executive Officer
Eric Ansel Feldstein	SVP & Chief Financial Officer
Blair Williams Todt	SVP Legal, Compliance, Bus Perf Officer & Secty

Steven Betts, Senior Vice President  
 Opella Finley Ernest, M.D., Senior Vice President  
 Michael Eugene Frank, Senior Vice President  
 Michael Ted Haynes, President- Oklahoma Division  
 James Lawrence Kadel, Senior Vice President  
 Douglas Lynch, Senior Vice President & Chief Actuary  
 Carl Raymond McDonald, Treasurer  
 Nazneen Razi, Senior Vice President  
 Maurice Shena Smith, President-Illinois Division

Kevin MacKenzie Cassidy, President- Employer Solutions  
 Joel Mark Farran, Senior Vice President  
 Stephen Farrell Hamman, Senior Vice President  
 Robert Todd Hitchcock, President- Govt & Consumer Solutions  
 Thomas Charles Lubben, Senior Vice President  
 Danny Ken McCoy, M.D., President- Texas Division  
 Andre Antonio Napoli, Senior Vice President  
 Kurt Bryce Shiple, President- New Mexico Division  
 Jeffrey Richard Tikkanen, SVP, President Plan Solutions & Market Development

**DIRECTORS OR TRUSTEES**

Timothy Lee Burke	Milton Carroll	Michelle Lynn Collins	Monte Eric Ford
Dennis Joseph Gannon	Dianne Brewer Gasbarra, M.D.	David John Lesar	Elaine Marie Mendoza
Marlin Ray Perryman, Ph.D.	Paula Amy Steiner	Gregory David Wasson	

State of Illinois  
 County of Cook ss

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of the said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

(Signature)  
 Paula Amy Steiner  
 (Printed Name)  
 1.  
 President & Chief Executive Officer  
 (Title)

(Signature)  
 Eric Ansel Feldstein  
 (Printed Name)  
 2.  
 SVP & Chief Financial Officer  
 (Title)

(Signature)  
 Blair Williams Todt  
 (Printed Name)  
 3.  
 SVP Legal, Compliance, Bus Perf Officer & Secty  
 (Title)

Subscribed and sworn to before me this  
 26th day of February, 2019

a. Is this an original filing?  
 b. If no,  
 1. State the amendment number  
 2. Date filed  
 3. Number of pages attached

Yes[X] No[ ]

(Notary Public Signature)

## EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199999 TOTAL Individuals .....	2,914,236	820,668	198,641	.....	.....	3,933,545
<b>Group Subscribers:</b>						
STATE OF ILLINOIS .....	35,857,814	35,612,913	24,954,629	6,927,579	.....	103,352,935
FEDERAL EMPLOYEE HEALTH BENEFIT PLAN .....	159,497,175	.....	.....	.....	.....	159,497,175
0299997 Subtotal - Group Subscribers: .....	195,354,989	35,612,913	24,954,629	6,927,579	.....	262,850,110
0299998 Premiums due and unpaid not individually listed .....	158,966,130	1,269,564	265,710	.....	.....	160,501,404
0299999 TOTAL Group .....	354,321,120	36,882,477	25,220,338	6,927,579	.....	423,351,514
0399999 Premiums due and unpaid from Medicare entities .....	282,881	.....	.....	.....	.....	282,881
0499999 Premiums due and unpaid from Medicaid entities .....	307,501,683	24,232,400	98,671,819	68,874,194	.....	499,280,096
0599999 Accident and health premiums due and unpaid (Page 2, Line 15) .....	665,019,920	61,935,545	124,090,798	75,801,773	.....	926,848,036

## EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
0199998 Pharmaceutical Rebate Receivables - Not Individually Listed .....	75,200,182	75,196,562	75,205,429	228,179,199	10,603,169	443,178,203
0199999 Subtotal - Pharmaceutical Rebate Receivables .....	75,200,182	75,196,562	75,205,429	228,179,199	10,603,169	443,178,203
0299998 Claim Overpayment Receivables - Not Individually Listed .....	445,930,998	572,068,884	29,180,857	98,371,105	841,749,445	303,802,399
0299999 Subtotal - Claim Overpayment Receivables .....	445,930,998	572,068,884	29,180,857	98,371,105	841,749,445	303,802,399
0399998 Loans and Advances to Providers - Not Individually Listed .....	117,244,097					117,244,097
0399999 Subtotal - Loans and Advances to Providers .....	117,244,097					117,244,097
0499998 Capitation Arrangement Receivables - Not Individually Listed .....	79,817	239,101		638,622	957,540	
0499999 Subtotal - Capitation Arrangement Receivables .....	79,817	239,101		638,622	957,540	
0599998 Risk Sharing Receivables - Not Individually Listed .....						
0599999 Subtotal - Risk Sharing Receivables .....						
0699998 Other Receivables - Not Individually Listed .....						
0699999 Subtotal - Other Receivables .....						
0799999 Gross health care receivables .....	638,455,094	647,504,546	104,386,286	327,188,926	853,310,154	864,224,699

## EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5 Health Care Receivables in Prior Years (Columns 1 + 3)	6 Estimated Health Care Receivables Accrued as of December 31 of Prior Year
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year		
1. Pharmaceutical rebate receivables .....	375,086,728	410,059,608	112,219	453,669,152	375,198,947	360,109,777
2. Claim overpayment receivables .....	1,097,027,170	6,196,185,103	38,847,633	1,106,704,211	1,135,874,803	1,115,421,151
3. Loans and advances to providers .....	131,592,152	9,580,297,570	.....	117,244,097	131,592,152	167,582,123
4. Capitation arrangement receivables .....	44,913,591	126,211,816	637,697	319,843	45,551,288	45,551,294
5. Risk sharing receivables .....	.....	.....	.....	.....	.....	.....
6. Other health care receivables .....	.....	.....	.....	.....	.....	.....
7. TOTALS (Lines 1 through 6) .....	1,648,619,641	16,312,754,097	39,597,550	1,677,937,303	1,688,217,191	1,688,664,346

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

## EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

### Aging Analysis of Unpaid Claims

1 Account	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 91 - 120 Days	6 Over 120 Days	7 Total
0299999 Aggregate Accounts Not Individually Listed - Uncovered .....	.....	.....	.....	.....	.....	.....
0399999 Aggregate Accounts Not Individually Listed - Covered .....	514,293,522	27,550,172	.....	.....	.....	541,843,694
0499999 Subtotals .....	514,293,522	27,550,172	.....	.....	.....	541,843,694
0599999 Unreported claims and other claim reserves .....	.....	.....	.....	.....	2,457,278,193	2,457,278,193
0699999 TOTAL Amounts Withheld .....	.....	.....	.....	.....	.....	.....
0799999 TOTAL Claims Unpaid .....	.....	.....	.....	.....	2,999,121,887	2,999,121,887
0899999 Accrued Medical Incentive Pool and Bonus Amounts .....	.....	.....	.....	.....	311,699,000	311,699,000

## EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
<b>Individually listed receivables</b>							
HCSC INSURANCE SERVICES COMPANY .....	384,624,804					384,624,804	.....
0199999 Total - Individually listed receivables .....	384,624,804					384,624,804	.....
0299999 Receivables not individually listed .....	35,778,447				9,726,939	26,051,508	.....
0399999 TOTAL Gross Amounts Receivable .....	420,403,251				9,726,939	410,676,312	.....

## EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

1 Affiliate	2 Description	3 Amount	4 Current	5 Non-Current
<b>Individually Listed Payables</b>				
PRIME THERAPEUTICS LLC .....	CLAIM SETTLEMENTS WITH AFFILIATES .....	70,052,300	70,052,300	.....
0199999 Total - Individually Listed Payables .....	XXX .....	70,052,300	70,052,300	.....
0299999 Payables not Individually Listed .....	XXX .....	2,048,489	2,048,489	.....
0399999 TOTAL Gross Payables .....	XXX .....	72,100,789	72,100,789	.....

## EXHIBIT 7 - PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
<b>Capitation Payments:</b>						
1. Medical groups .....	1,123,752,189	3.844	2,800,657	31.764	.....	1,123,752,189
2. Intermediaries .....	.....	.....	.....	.....	.....	.....
3. All other providers .....	58,317,416	0.199	120,901	1.371	.....	58,317,416
4. TOTAL Capitation Payments .....	1,182,069,605	4.043	2,921,558	33.135	.....	1,182,069,605
<b>Other Payments:</b>						
5. Fee-for-service .....	6,238,234,590	21.337	XXX	XXX	.....	6,238,234,590
6. Contractual fee payments .....	20,897,063,256	71.475	XXX	XXX	.....	20,897,063,256
7. Bonus/withhold arrangements - fee-for-service .....	.....	.....	XXX	XXX	.....	.....
8. Bonus/withhold arrangements - contractual fee payments .....	263,907,758	0.903	XXX	XXX	.....	263,907,758
9. Non-contingent salaries .....	.....	.....	XXX	XXX	.....	.....
10. Aggregate cost arrangements .....	.....	.....	XXX	XXX	.....	.....
11. All other payments .....	655,488,857	2.242	XXX	XXX	.....	655,488,857
12. TOTAL Other Payments .....	28,054,694,461	95.957	XXX	XXX	.....	28,054,694,461
13. TOTAL (Line 4 plus Line 12) .....	29,236,764,066	100.000	XXX	XXX	.....	29,236,764,066

## EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1 NAIC Code	2 Name of Intermediary	3 Capitation Paid	4 Average Monthly Capitation	5 Intermediary's Total Adjusted Capital	6 Intermediary's Authorized Control Level RBC
.....	.....	.....	.....	.....	.....
<b>N O N E</b>					
9999999 TOTALS .....					
XXX .....					

## EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

Description	1 Cost	2 Improvements	3 Accumulated Depreciation	4 Book Value Less Encumbrances	5 Assets Not Admitted	6 Net Admitted Assets
1. Administrative furniture and equipment .....	357,932,632	.....	245,521,314	112,411,318	112,411,318	.....
2. Medical furniture, equipment and fixtures .....	.....	.....	.....	.....	.....	.....
3. Pharmaceuticals and surgical supplies .....	.....	.....	.....	.....	.....	.....
4. Durable medical equipment .....	.....	.....	.....	.....	.....	.....
5. Other property and equipment .....	.....	.....	.....	.....	.....	.....
6. TOTAL .....	357,932,632	.....	245,521,314	112,411,318	112,411,318	.....



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF ALASKA DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	1,115			834	22		259			
2. First Quarter .....	1,069			791	20		258			
3. Second Quarter .....	1,019	1		781	20		217			
4. Third Quarter .....	992			760	16		216			
5. Current Year .....	936			734	19		183			
6. Current Year Member Months .....	12,142		1	9,244	227		2,670			
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	3,795			3,465	330					
8. Non-Physician .....	3,721			3,230	142		349			
9. TOTAL .....	7,516			6,695	472		349			
10. Hospital Patient Days Incurred .....	209			187	22					
11. Number of Inpatient Admissions .....	67			55	12					
12. Health Premiums Written (b) .....	4,081,329			3,967,372	20,775		93,183			
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	4,081,329			3,967,372	20,775		93,183			
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	5,146,002	(18,006)		5,019,034	53,149		91,824			
18. Amount Incurred for Provision of Health Care Services .....	5,015,664	(17,891)		4,888,534	54,836		90,184			

(a) For health business: number of persons insured under PPO managed care products .....733 and number of persons insured under indemnity only products .....20.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	2,001	115		1,856		30				
2. First Quarter .....	1,974	106		1,844		24				
3. Second Quarter .....	1,977	108		1,841		28				
4. Third Quarter .....	2,017	102		1,888		27				
5. Current Year .....	2,102	105		1,964		33				
6. Current Year Member Months .....	24,051	1,278		22,449		324				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	40,081	726		39,355						
8. Non-Physician .....	16,617	502		16,064		51				
9. TOTAL .....	56,698	1,228		55,419		51				
10. Hospital Patient Days Incurred .....	3,695	21		3,674						
11. Number of Inpatient Admissions .....	729	3		726						
12. Health Premiums Written (b) .....	4,488,896	365,889		4,120,177		2,830				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	4,488,896	365,889		4,120,177		2,830				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	5,291,540	541,673		4,744,424		5,443				
18. Amount Incurred for Provision of Health Care Services .....	5,351,379	517,878		4,828,003		5,499				

(a) For health business: number of persons insured under PPO managed care products .....103 and number of persons insured under indemnity only products .....1,966.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



2018

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	6,471	33	4,998	307		1,133				
2. First Quarter .....	7,029	32	5,489	306		1,202				
3. Second Quarter .....	7,271	31	5,727	317		1,196				
4. Third Quarter .....	7,853	31	6,114	330		1,378				
5. Current Year .....	8,294	30	6,400	335		1,529				
6. Current Year Member Months .....	89,545	366	69,878	3,837		15,464				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	39,073	239	32,972	5,862						
8. Non-Physician .....	18,879	97	14,596	2,480		1,706				
9. TOTAL .....	57,952	336	47,568	8,342		1,706				
10. Hospital Patient Days Incurred .....	2,907	3	2,054	850						
11. Number of Inpatient Admissions .....	611	3	452	156						
12. Health Premiums Written (b) .....	30,366,194	25,301	29,338,130	594,763		407,999				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	30,366,194	25,301	29,338,130	594,763		407,999				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	21,499,668	148,359	20,290,432	770,394		290,482				
18. Amount Incurred for Provision of Health Care Services .....	21,828,917	156,801	20,603,939	778,030		290,146				

(a) For health business: number of persons insured under PPO managed care products .....6,416 and number of persons insured under indemnity only products .....349.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF COLORADO DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	799	119		651		29				
2. First Quarter .....	772	106		644		22				
3. Second Quarter .....	790	108		653		29				
4. Third Quarter .....	820	97		691		32				
5. Current Year .....	845	103		708		34				
6. Current Year Member Months .....	9,637	1,272		8,006		359				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	11,243	365		10,878						
8. Non-Physician .....	6,234	228		5,958		48				
9. TOTAL .....	17,477	593		16,836		48				
10. Hospital Patient Days Incurred .....	1,358	41		1,317						
11. Number of Inpatient Admissions .....	275	12		263						
12. Health Premiums Written (b) .....	1,631,339	279,609		1,350,708		1,022				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,631,339	279,609		1,350,708		1,022				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	2,178,714	502,006		1,667,474		9,233				
18. Amount Incurred for Provision of Health Care Services .....	2,241,657	532,757		1,699,597		9,303				

(a) For health business: number of persons insured under PPO managed care products .....102 and number of persons insured under indemnity only products .....709.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR						NAIC Company Code 70670	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid
	Total	Individual	Group						Other
<b>TOTAL Members at end of:</b>									
1. Prior Year .....	54	10		43		1			
2. First Quarter .....	53	10		42		1			
3. Second Quarter .....	53	8		44		1			
4. Third Quarter .....	57	13		43		1			
5. Current Year .....	61	14		45		2			
6. Current Year Member Months .....	669	137		517		15			
<b>TOTAL Member Ambulatory Encounters for Year:</b>									
7. Physician .....	943	27		916					
8. Non-Physician .....	453	34		417		2			
9. TOTAL .....	1,396	61		1,333		2			
10. Hospital Patient Days Incurred .....	59			59					
11. Number of Inpatient Admissions .....	26			26					
12. Health Premiums Written (b) .....	139,783	6,012		133,771					
13. Life Premiums Direct .....									
14. Property/Casualty Premiums Written .....									
15. Health Premiums Earned .....	139,783	6,012		133,771					
16. Property/Casualty Premiums Earned .....									
17. Amount Paid for Provision of Health Care Services .....	108,250	4,310		103,710		230			
18. Amount Incurred for Provision of Health Care Services .....	102,051	880		100,927		244			

(a) For health business: number of persons insured under PPO managed care products .....14 and number of persons insured under indemnity only products .....45.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



2018

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	892	1	747	21		123				
2. First Quarter .....	916	1	730	22		163				
3. Second Quarter .....	920	1	743	22		154				
4. Third Quarter .....	948	1	764	22		161				
5. Current Year .....	973	1	772	25		175				
6. Current Year Member Months .....	11,220	12	8,981	272		1,955				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,732	4	4,196	532						
8. Non-Physician .....	2,799	9	2,425	193		172				
9. TOTAL .....	7,531	13	6,621	725		172				
10. Hospital Patient Days Incurred .....	310		235	75						
11. Number of Inpatient Admissions .....	91		72	19						
12. Health Premiums Written (b) .....	4,168,915	7,676	4,069,895	36,616		54,728				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	4,168,915	7,676	4,069,895	36,616		54,728				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	3,225,922	2,065	3,113,519	67,872		42,465				
18. Amount Incurred for Provision of Health Care Services .....	3,272,203	2,507	3,157,471	69,007		43,219				

(a) For health business: number of persons insured under PPO managed care products .....773 and number of persons insured under indemnity only products .....25.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	20	7		11		2				
2. First Quarter	17	7		8		2				
3. Second Quarter	18	7		9		2				
4. Third Quarter	19	7		10		2				
5. Current Year	15	6		7		2				
6. Current Year Member Months	211	83		104		24				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	264	42		222						
8. Non-Physician	112	15		95		2				
9. TOTAL	376	57		317		2				
10. Hospital Patient Days Incurred	36			36						
11. Number of Inpatient Admissions	6			6						
12. Health Premiums Written (b)	77,115	44,969		32,146						
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	77,115	44,969		32,146						
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	50,923	14,187		36,352		385				
18. Amount Incurred for Provision of Health Care Services	49,252	12,840		35,999		413				

(a) For health business: number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....7.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	28,404	285	19,551	4,531		4,037				
2. First Quarter .....	29,110	249	19,959	4,526		4,376				
3. Second Quarter .....	28,795	254	19,406	4,605		4,530				
4. Third Quarter .....	29,491	267	19,845	4,678		4,701				
5. Current Year .....	30,156	274	20,265	4,859		4,758				
6. Current Year Member Months .....	350,973	3,106	237,494	55,648		54,725				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	237,456	1,795	123,521	112,140						
8. Non-Physician .....	101,630	711	58,685	35,874		6,360				
9. TOTAL .....	339,086	2,506	182,206	148,014		6,360				
10. Hospital Patient Days Incurred .....	16,110	76	6,495	9,539						
11. Number of Inpatient Admissions .....	3,522	49	1,749	1,724						
12. Health Premiums Written (b) .....	126,296,433	1,075,417	111,585,338	11,807,232		1,828,445				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	126,296,433	1,075,417	111,585,338	11,807,232		1,828,445				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	117,181,464	1,420,867	102,385,770	12,205,351		1,169,476				
18. Amount Incurred for Provision of Health Care Services .....	117,725,679	1,449,727	102,717,672	12,370,900		1,187,380				

(a) For health business: number of persons insured under PPO managed care products .....20,458 and number of persons insured under indemnity only products .....4,940.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	449	28		411		10				
2. First Quarter .....	449	24		418		7				
3. Second Quarter .....	471	28		431		12				
4. Third Quarter .....	488	26		449		13				
5. Current Year .....	506	25		467		14				
6. Current Year Member Months .....	5,677	313		5,226		138				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	8,694	150		8,544						
8. Non-Physician .....	3,826	48		3,754		24				
9. TOTAL .....	12,520	198		12,298		24				
10. Hospital Patient Days Incurred .....	973	1		972						
11. Number of Inpatient Admissions .....	186	1		185						
12. Health Premiums Written (b) .....	987,339	66,423		920,880		37				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	987,339	66,423		920,880		37				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,247,171	95,603		1,149,095		2,474				
18. Amount Incurred for Provision of Health Care Services .....	1,238,561	73,390		1,162,698		2,474				

(a) For health business: number of persons insured under PPO managed care products .....24 and number of persons insured under indemnity only products .....468.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF IDAHO DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	149	14		133		2				
2. First Quarter .....	153	18		133		2				
3. Second Quarter .....	158	18		137		3				
4. Third Quarter .....	161	20		139		2				
5. Current Year .....	162	20		140		2				
6. Current Year Member Months .....	1,884	217		1,641		26				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	1,736	106		1,630						
8. Non-Physician .....	864	59		803		2				
9. TOTAL .....	2,600	165		2,433		2				
10. Hospital Patient Days Incurred .....	131	2		129						
11. Number of Inpatient Admissions .....	34	2		32						
12. Health Premiums Written (b) .....	236,025	16,368		219,657						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	236,025	16,368		219,657						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	271,625	66,630		204,810		186				
18. Amount Incurred for Provision of Health Care Services .....	260,245	54,274		206,004		(32)				

(a) For health business: number of persons insured under PPO managed care products .....20 and number of persons insured under indemnity only products .....140.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	4,102,847	317,878	1,419,418	375,011		294,808	170,788	69,692	374,636	1,080,616
2. First Quarter .....	4,273,823	344,518	1,420,762	374,772		320,683	169,491	60,424	433,152	1,150,021
3. Second Quarter .....	4,281,936	330,131	1,416,467	373,291		315,317	168,922	61,464	455,751	1,160,593
4. Third Quarter .....	4,261,803	318,218	1,428,858	372,375		323,725	168,520	61,918	424,364	1,163,825
5. Current Year .....	4,255,042	305,196	1,450,906	370,024		331,215	168,404	61,241	396,382	1,171,674
6. Current Year Member Months .....	51,366,252	3,950,417	17,131,791	4,481,789		3,874,555	2,028,124	735,734	5,216,986	13,946,856
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	26,668,793	2,029,842	11,653,274	6,444,395			1,662,238	1,194,821	3,684,223	
8. Non-Physician .....	12,133,438	940,693	6,052,805	1,744,468		395,438	559,222	577,661	1,863,151	
9. TOTAL .....	38,802,231	2,970,535	17,706,079	8,188,863		395,438	2,221,460	1,772,482	5,547,374	
10. Hospital Patient Days Incurred .....	3,338,679	176,454	439,329	688,549			86,520	627,170	1,320,657	
11. Number of Inpatient Admissions .....	471,806	36,197	112,027	120,411			22,308	50,063	130,800	
12. Health Premiums Written (b) .....	16,458,261,664	2,432,952,954	7,922,170,820	986,665,378		114,305,896	1,125,171,086	894,732,544	2,553,767,310	428,495,676
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	16,423,244,992	2,437,578,402	7,866,103,410	981,500,265		114,422,263	1,149,709,043	894,861,290	2,553,767,310	425,303,009
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	13,975,358,318	1,751,525,553	6,585,492,192	784,161,343		74,266,618	1,045,852,496	874,303,261	2,484,881,932	374,874,923
18. Amount Incurred for Provision of Health Care Services .....	13,932,683,263	1,732,413,026	6,517,501,228	791,357,955		74,843,137	1,066,370,922	905,598,183	2,497,787,286	346,811,527

(a) For health business: number of persons insured under PPO managed care products .....1,252,979 and number of persons insured under indemnity only products .....372,563.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....894,732,544



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF INDIANA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	4,186	126		1,184		32				2,844
2. First Quarter .....	5,100	114		1,194		30				3,762
3. Second Quarter .....	5,134	100		1,208		27				3,799
4. Third Quarter .....	5,018	109		1,243		22				3,644
5. Current Year .....	5,076	108		1,272		21				3,675
6. Current Year Member Months .....	60,969	1,293		14,623		303				44,750
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	23,520	601		22,919						
8. Non-Physician .....	9,261	277		8,902		82				
9. TOTAL .....	32,781	878		31,821		82				
10. Hospital Patient Days Incurred .....	4,666	27		4,639						
11. Number of Inpatient Admissions .....	739	16		723						
12. Health Premiums Written (b) .....	5,382,217	480,165		3,187,265		4,825				1,709,962
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	5,382,217	480,165		3,187,265		4,825				1,709,962
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	5,953,167	1,386,535		3,527,462		11,140				1,028,030
18. Amount Incurred for Provision of Health Care Services .....	5,753,448	1,315,313		3,576,517		11,263				850,354

(a) For health business: number of persons insured under PPO managed care products .....108 and number of persons insured under indemnity only products .....1,272.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



2018

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	5,643	20	4,755	250		618				
2. First Quarter .....	5,798	14	4,914	235		635				
3. Second Quarter .....	5,829	14	4,947	250		618				
4. Third Quarter .....	5,804	14	4,895	262		633				
5. Current Year .....	5,870	15	4,926	265		664				
6. Current Year Member Months .....	69,839	172	59,029	3,040		7,598				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	30,357	62	26,177	4,118						
8. Non-Physician .....	25,145	23	20,982	2,188		1,952				
9. TOTAL .....	55,502	85	47,159	6,306		1,952				
10. Hospital Patient Days Incurred .....	2,535		1,579	956						
11. Number of Inpatient Admissions .....	616		481	135						
12. Health Premiums Written (b) .....	22,453,941	27,726	21,688,966	541,527		195,722				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	22,453,941	27,726	21,688,966	541,527		195,722				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	19,844,927	11,968	18,936,782	600,284		295,893				
18. Amount Incurred for Provision of Health Care Services .....	19,821,465	3,934	18,908,120	610,926		298,486				

(a) For health business: number of persons insured under PPO managed care products .....4,939 and number of persons insured under indemnity only products .....267.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MAINE DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	34	5		27		2				
2. First Quarter .....	33	5		26		2				
3. Second Quarter .....	35	5		28		2				
4. Third Quarter .....	35	5		28		2				
5. Current Year .....	35	5		28		2				
6. Current Year Member Months .....	421	60		337		24				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	429	1		428						
8. Non-Physician .....	238	1		231		6				
9. TOTAL .....	667	2		659		6				
10. Hospital Patient Days Incurred .....	67			67						
11. Number of Inpatient Admissions .....	14			14						
12. Health Premiums Written (b) .....	87,123	21,770		65,353						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	87,123	21,770		65,353						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	86,224	1,057		84,162		1,004				
18. Amount Incurred for Provision of Health Care Services .....	91,232	1,078		89,100		1,055				

(a) For health business: number of persons insured under PPO managed care products .....5 and number of persons insured under indemnity only products .....28.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	2,107	8	1,381	133		585				
2. First Quarter .....	3,135	7	1,937	134		1,057				
3. Second Quarter .....	2,699	7	1,733	132		827				
4. Third Quarter .....	2,743	7	1,791	137		808				
5. Current Year .....	2,781	7	1,842	148		784				
6. Current Year Member Months .....	33,845	84	21,679	1,633		10,449				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	14,646	34	11,772	2,840						
8. Non-Physician .....	7,588	6	5,583	952		1,047				
9. TOTAL .....	22,234	40	17,355	3,792		1,047				
10. Hospital Patient Days Incurred .....	696		338	358						
11. Number of Inpatient Admissions .....	190		122	68						
12. Health Premiums Written (b) .....	11,416,356	31,969	10,785,354	326,188		272,845				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	11,416,356	31,969	10,785,354	326,188		272,845				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	7,447,888	4,436	6,901,179	354,153		188,120				
18. Amount Incurred for Provision of Health Care Services .....	7,478,040	11	6,926,611	356,796		194,622				

(a) For health business: number of persons insured under PPO managed care products ..... 1,836 and number of persons insured under indemnity only products ..... 161.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	78	9		67		2				
2. First Quarter .....	78	8		69		1				
3. Second Quarter .....	80	8		71		1				
4. Third Quarter .....	85	8		76		1				
5. Current Year .....	85	7		77		1				
6. Current Year Member Months .....	980	93		875		12				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	1,703	25		1,678						
8. Non-Physician .....	644	11		624		9				
9. TOTAL .....	2,347	36		2,302		9				
10. Hospital Patient Days Incurred .....	264			264						
11. Number of Inpatient Admissions .....	48			48						
12. Health Premiums Written (b) .....	297,973	94,016		203,539		418				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	297,973	94,016		203,539		418				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	255,534	9,207		244,805		1,522				
18. Amount Incurred for Provision of Health Care Services .....	240,040	(8,470)		246,939		1,570				

(a) For health business: number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....78.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	607	44		552		11				
2. First Quarter .....	596	38		547		11				
3. Second Quarter .....	596	29		564		3				
4. Third Quarter .....	612	33		576		3				
5. Current Year .....	629	29		598		2				
6. Current Year Member Months .....	7,251	395		6,790		66				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	9,373	247		9,126						
8. Non-Physician .....	4,873	193		4,665		15				
9. TOTAL .....	14,246	440		13,791		15				
10. Hospital Patient Days Incurred .....	996	2		994						
11. Number of Inpatient Admissions .....	234	1		233						
12. Health Premiums Written (b) .....	1,401,111	120,670		1,279,788		652				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,401,111	120,670		1,279,788		652				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	1,471,390	196,175		1,273,458		1,758				
18. Amount Incurred for Provision of Health Care Services .....	1,508,066	204,549		1,302,002		1,514				

(a) For health business: number of persons insured under PPO managed care products .....29 and number of persons insured under indemnity only products .....598.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	10,989	13	9,675	220		1,081				
2. First Quarter	11,256	10	9,548	218		1,480				
3. Second Quarter	10,987	10	9,281	215		1,481				
4. Third Quarter	11,085	10	9,334	228		1,513				
5. Current Year	11,250	10	9,478	242		1,520				
6. Current Year Member Months	133,452	119	112,779	2,676		17,878				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	54,132	58	50,594	3,480						
8. Non-Physician	33,713	46	28,157	1,625		3,885				
9. TOTAL	87,845	104	78,751	5,105		3,885				
10. Hospital Patient Days Incurred	3,673		3,019	654						
11. Number of Inpatient Admissions	838		712	126						
12. Health Premiums Written (b)	49,515,750	62,669	48,318,825	565,551		568,705				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	49,515,750	62,669	48,318,825	565,551		568,705				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	46,853,076	23,076	45,616,233	522,856		690,912				
18. Amount Incurred for Provision of Health Care Services	47,164,341	3,503	45,921,550	532,515		706,774				

(a) For health business: number of persons insured under PPO managed care products .....9,483 and number of persons insured under indemnity only products .....247.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	785	62		705		18				
2. First Quarter .....	775	59		700		16				
3. Second Quarter .....	771	54		702		15				
4. Third Quarter .....	776	54		707		15				
5. Current Year .....	782	52		716		14				
6. Current Year Member Months .....	9,315	656		8,475		184				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	12,828	386		12,442						
8. Non-Physician .....	6,001	165		5,538		298				
9. TOTAL .....	18,829	551		17,980		298				
10. Hospital Patient Days Incurred .....	2,756	80		2,676						
11. Number of Inpatient Admissions .....	516	40		476						
12. Health Premiums Written (b) .....	1,871,688	113,153		1,758,118		418				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,871,688	113,153		1,758,118		418				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	2,751,968	559,430		2,156,731		35,807				
18. Amount Incurred for Provision of Health Care Services .....	2,813,883	631,116		2,147,278		35,489				

(a) For health business: number of persons insured under PPO managed care products .....52 and number of persons insured under indemnity only products .....716.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF MONTANA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	200,865	28,144	53,275	19,059		13,717	32,728	35,334		18,608
2. First Quarter .....	174,846	19,490	49,317	19,852		13,268	32,589	19,185		21,145
3. Second Quarter .....	172,015	18,269	48,271	19,733		12,590	32,473	19,245		21,434
4. Third Quarter .....	173,196	17,508	48,957	19,708		13,253	32,459	19,195		22,116
5. Current Year .....	172,090	16,704	49,390	19,542		12,960	32,378	19,051		22,065
6. Current Year Member Months .....	2,075,239	220,363	588,553	237,070		157,237	389,789	230,047		252,180
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	1,328,034	171,335	353,176	252,716			347,220	203,587		
8. Non-Physician .....	371,152	31,597	75,980	54,194		21,234	53,000	135,147		
9. TOTAL .....	1,699,186	202,932	429,156	306,910		21,234	400,220	338,734		
10. Hospital Patient Days Incurred .....	81,139	7,405	12,457	21,693			9,979	29,605		
11. Number of Inpatient Admissions .....	17,801	1,576	3,660	4,642			3,077	4,846		
12. Health Premiums Written (b) .....	881,674,935	155,274,744	276,616,143	54,934,974		5,140,297	198,065,227	177,054,579		14,588,971
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	884,081,643	155,274,744	274,606,721	53,802,641		5,152,820	204,692,599	176,348,247		14,203,871
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	759,184,895	118,544,118	232,810,022	38,383,060		3,308,130	185,124,745	170,171,946		10,842,874
18. Amount Incurred for Provision of Health Care Services .....	757,774,215	113,131,175	230,416,914	38,500,472		3,198,326	187,219,917	169,918,300		15,389,112

(a) For health business: number of persons insured under PPO managed care products ..... 95,125 and number of persons insured under indemnity only products ..... 19,910.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....177,054,579



2018

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	607	13	526	44		24				
2. First Quarter .....	636	13	551	38		34				
3. Second Quarter .....	637	9	557	39		32				
4. Third Quarter .....	685	4	574	43		64				
5. Current Year .....	675	4	559	44		68				
6. Current Year Member Months .....	7,736	99	6,610	494		533				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	3,217	50	2,451	716						
8. Non-Physician .....	2,478	28	2,061	297		92				
9. TOTAL .....	5,695	78	4,512	1,013		92				
10. Hospital Patient Days Incurred .....	459	7	301	151						
11. Number of Inpatient Admissions .....	60	2	33	25						
12. Health Premiums Written (b) .....	2,852,329		2,742,039	98,465		11,825				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	2,852,329		2,742,039	98,465		11,825				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	2,940,985	76,389	2,732,274	114,901		17,421				
18. Amount Incurred for Provision of Health Care Services .....	2,951,317	76,339	2,745,426	111,192		18,359				

(a) For health business: number of persons insured under PPO managed care products .....561 and number of persons insured under indemnity only products .....46.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



2018

Document Code: 430

## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF NEVADA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	5,444	54	4,190	426		774				
2. First Quarter .....	5,725	47	4,477	410		791				
3. Second Quarter .....	5,824	46	4,520	409		849				
4. Third Quarter .....	5,838	47	4,490	419		882				
5. Current Year .....	6,005	46	4,651	413		895				
6. Current Year Member Months .....	70,004	560	54,362	4,977		10,105				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	30,039	241	21,594	8,204						
8. Non-Physician .....	16,846	179	12,416	3,247		1,004				
9. TOTAL .....	46,885	420	34,010	11,451		1,004				
10. Hospital Patient Days Incurred .....	2,693	7	1,643	1,043						
11. Number of Inpatient Admissions .....	526	2	361	163						
12. Health Premiums Written (b) .....	26,819,272	248,951	25,492,999	786,338		290,984				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	26,819,272	248,951	25,492,999	786,338		290,984				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	20,769,055	268,735	18,693,017	1,602,174		205,129				
18. Amount Incurred for Provision of Health Care Services .....	21,072,898	246,573	18,951,947	1,667,361		207,018				

(a) For health business: number of persons insured under PPO managed care products .....4,679 and number of persons insured under indemnity only products .....431.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	NAIC Company Code 70670	
		2	3						Title XVIII Medicare	Title XIX Medicaid
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	1,756	2	1,357	32		365				
2. First Quarter	1,815	1	1,370	31		413				
3. Second Quarter	1,841	1	1,365	30		445				
4. Third Quarter	1,861	1	1,389	29		442				
5. Current Year	1,829	1	1,385	32		411				
6. Current Year Member Months	22,059	12	16,452	370		5,225				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	8,095	6	7,623	466						
8. Non-Physician	6,041	18	5,161	286		576				
9. TOTAL	14,136	24	12,784	752		576				
10. Hospital Patient Days Incurred	454		410	44						
11. Number of Inpatient Admissions	128		116	12						
12. Health Premiums Written (b)	6,884,504		6,638,475	74,839		171,191				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	6,884,504		6,638,475	74,839		171,191				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	8,940,522	6,473	8,746,594	71,724		115,731				
18. Amount Incurred for Provision of Health Care Services	8,819,058	7,363	8,621,763	70,450		119,482				

(a) For health business: number of persons insured under PPO managed care products .....1,384 and number of persons insured under indemnity only products .....34.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	85	9		75		1				
2. First Quarter .....	83	7		75		1				
3. Second Quarter .....	80	6		73		1				
4. Third Quarter .....	83	6		76		1				
5. Current Year .....	89	6		81		2				
6. Current Year Member Months .....	1,007	79		913		15				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	2,109	34		2,075						
8. Non-Physician .....	979	25		952		2				
9. TOTAL .....	3,088	59		3,027		2				
10. Hospital Patient Days Incurred .....	292			292						
11. Number of Inpatient Admissions .....	46			46						
12. Health Premiums Written (b) .....	229,448	19,825		209,623						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	229,448	19,825		209,623						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	306,997	45,245		261,243		509				
18. Amount Incurred for Provision of Health Care Services .....	299,334	35,680		263,147		507				

(a) For health business: number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....81.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
	2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	177,272	2,213	34,376	6,775		13,174	49,791	31,306		39,637
2. First Quarter .....	174,435	3,685	38,136	6,949		13,771	46,313	25,294		40,287
3. Second Quarter .....	175,896	3,524	37,694	6,953		13,965	46,199	25,146		42,415
4. Third Quarter .....	176,034	3,521	38,983	6,971		14,287	46,038	25,121		41,113
5. Current Year .....	177,500	3,413	40,645	6,950		14,150	46,146	25,089		41,107
6. Current Year Member Months .....	2,115,403	42,754	463,144	83,584		168,276	554,228	302,414		501,003
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	875,186	14,718	173,931	87,042			298,280	301,215		
8. Non-Physician .....	686,380	15,291	144,396	45,546		20,653	245,299	215,195		
9. TOTAL .....	1,561,566	30,009	318,327	132,588		20,653	543,579	516,410		
10. Hospital Patient Days Incurred .....	78,623	1,204	12,929	7,681			18,598	38,211		
11. Number of Inpatient Admissions .....	14,527	241	2,648	1,380			4,351	5,907		
12. Health Premiums Written (b) .....	805,212,462	24,572,339	241,007,740	16,679,051		5,467,013	266,390,652	233,704,114		17,391,552
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	810,735,881	24,572,339	240,838,913	16,628,280		5,380,071	272,361,531	233,674,159		17,280,588
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	730,627,953	20,209,431	198,569,518	12,184,438		3,327,094	252,061,943	226,783,272		17,492,256
18. Amount Incurred for Provision of Health Care Services .....	708,583,593	20,770,313	199,425,462	12,305,378		3,272,883	250,705,303	206,538,999		15,565,256

(a) For health business: number of persons insured under PPO managed care products .....82,754 and number of persons insured under indemnity only products .....8,274.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$....233,704,114



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF OHIO DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	284	19		262		3				
2. First Quarter .....	267	12		251		4				
3. Second Quarter .....	275	12		259		4				
4. Third Quarter .....	286	12		269		5				
5. Current Year .....	297	13		278		6				
6. Current Year Member Months .....	3,331	149		3,128		54				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,997	83		4,914						
8. Non-Physician .....	1,846	66		1,746		34				
9. TOTAL .....	6,843	149		6,660		34				
10. Hospital Patient Days Incurred .....	1,114	1		1,113						
11. Number of Inpatient Admissions .....	176	1		175						
12. Health Premiums Written (b) .....	739,541	62,291		677,251						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	739,541	62,291		677,251						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	816,295	45,620		768,094		2,580				
18. Amount Incurred for Provision of Health Care Services .....	813,252	29,296		781,306		2,650				

(a) For health business: number of persons insured under PPO managed care products .....13 and number of persons insured under indemnity only products .....278.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	745,996	134,526	188,769	61,894		89,395	119,443	3,192		148,777
2. First Quarter .....	781,019	149,470	190,826	61,807		84,816	118,517	78		175,505
3. Second Quarter .....	782,164	145,406	193,181	61,515		84,720	118,855	77		178,410
4. Third Quarter .....	782,138	144,325	200,260	61,360		85,956	118,745	78		171,414
5. Current Year .....	791,391	142,445	212,025	60,885		87,223	118,673	80		170,060
6. Current Year Member Months .....	9,421,550	1,757,360	2,367,401	738,351		1,030,064	1,425,306	940		2,102,128
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,464,942	1,080,736	1,247,529	962,865			1,169,712	4,100		
8. Non-Physician .....	1,551,506	353,603	430,964	245,388		132,063	387,236	2,252		
9. TOTAL .....	6,016,448	1,434,339	1,678,493	1,208,253		132,063	1,556,948	6,352		
10. Hospital Patient Days Incurred .....	273,466	68,953	52,880	97,729			52,992	912		
11. Number of Inpatient Admissions .....	61,738	17,197	13,251	17,799			13,336	155		
12. Health Premiums Written (b) .....	3,164,081,906	1,153,065,993	1,057,350,953	133,990,048		30,748,911	732,788,011	782,409		55,355,581
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	3,143,609,347	1,153,197,351	1,045,879,591	134,158,062		30,769,750	724,354,315	791,560		54,458,718
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	2,364,682,952	762,908,879	769,390,439	106,766,099		19,635,669	660,549,376	3,173,460		42,259,030
18. Amount Incurred for Provision of Health Care Services .....	2,357,975,128	768,015,280	757,237,389	107,070,307		19,342,044	666,101,801	(2,570,724)		42,779,030

(a) For health business: number of persons insured under PPO managed care products .....472,868 and number of persons insured under indemnity only products .....61,193.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....782,409



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF OREGON DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	188	10		174		4				
2. First Quarter .....	192	11		177		4				
3. Second Quarter .....	209	14		191		4				
4. Third Quarter .....	217	14		199		4				
5. Current Year .....	227	13		210		4				
6. Current Year Member Months .....	2,490	154		2,288		48				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	2,748	126		2,622						
8. Non-Physician .....	1,440	77		1,299		64				
9. TOTAL .....	4,188	203		3,921		64				
10. Hospital Patient Days Incurred .....	321			321						
11. Number of Inpatient Admissions .....	63			63						
12. Health Premiums Written (b) .....	317,050	14,677		302,374						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	317,050	14,677		302,374						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	428,398	32,415		388,967		7,016				
18. Amount Incurred for Provision of Health Care Services .....	429,745	32,503		390,481		6,761				

(a) For health business: number of persons insured under PPO managed care products .....13 and number of persons insured under indemnity only products .....210.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	1,991	9		183		4				1,795
2. First Quarter .....	1,946	9		173		5				1,759
3. Second Quarter .....	1,971	11		172		6				1,782
4. Third Quarter .....	2,009	12		164		7				1,826
5. Current Year .....	2,050	10		169		6				1,865
6. Current Year Member Months .....	23,869	123		2,033		68				21,645
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	3,674	34		3,640						
8. Non-Physician .....	1,417	6		1,406		5				
9. TOTAL .....	5,091	40		5,046		5				
10. Hospital Patient Days Incurred .....	728			728						
11. Number of Inpatient Admissions .....	141			141						
12. Health Premiums Written (b) .....	1,036,389	41,699		402,395		834				591,461
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	1,036,389	41,699		402,395		834				591,461
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	884,420	11,635		520,570		517				351,699
18. Amount Incurred for Provision of Health Care Services .....	1,454,532	6,481		523,373		449				924,230

(a) For health business: number of persons insured under PPO managed care products ..... 10 and number of persons insured under indemnity only products ..... 169.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ..... 0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	317	49			259		9			
2. First Quarter .....	303	40			258		5			
3. Second Quarter .....	311	36			270		5			
4. Third Quarter .....	311	33			273		5			
5. Current Year .....	315	36			273		6			
6. Current Year Member Months .....	3,725	444			3,214		67			
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	4,860	257			4,603					
8. Non-Physician .....	2,685	179			2,492		14			
9. TOTAL .....	7,545	436			7,095		14			
10. Hospital Patient Days Incurred .....	693	36			657					
11. Number of Inpatient Admissions .....	123	2			121					
12. Health Premiums Written (b) .....	682,634	188,645			493,990					
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	682,634	188,645			493,990					
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	782,656	175,185			605,931		1,541			
18. Amount Incurred for Provision of Health Care Services .....	763,173	139,638			622,067		1,468			

(a) For health business: number of persons insured under PPO managed care products .....36 and number of persons insured under indemnity only products .....273.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	10,307	56	7,785	490		1,976				
2. First Quarter .....	11,277	51	8,321	477		2,428				
3. Second Quarter .....	11,065	51	8,203	487		2,324				
4. Third Quarter .....	11,351	50	8,174	523		2,604				
5. Current Year .....	11,707	49	8,370	559		2,729				
6. Current Year Member Months .....	135,754	610	99,386	6,068		29,690				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	55,963	259	47,421	8,283						
8. Non-Physician .....	34,954	106	28,127	4,086		2,635				
9. TOTAL .....	90,917	365	75,548	12,369		2,635				
10. Hospital Patient Days Incurred .....	5,030	65	3,677	1,288						
11. Number of Inpatient Admissions .....	971	3	745	223						
12. Health Premiums Written (b) .....	43,378,731	157,396	41,281,097	1,034,894		905,344				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	43,378,731	157,396	41,281,097	1,034,894		905,344				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	34,799,015	100,443	33,110,992	1,093,394		494,186				
18. Amount Incurred for Provision of Health Care Services .....	34,967,572	100,117	33,248,536	1,111,070		507,849				

(a) For health business: number of persons insured under PPO managed care products .....8,404 and number of persons insured under indemnity only products .....574.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF TEXAS DURING THE YEAR								NAIC Company Code 70670	
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9		
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
<b>TOTAL Members at end of:</b>											
1. Prior Year .....	3,117,770	427,201	1,160,880	161,721		343,272	422,400		41,526	560,770	
2. First Quarter .....	3,262,045	437,477	1,174,528	163,248		370,553	423,011		41,374	651,854	
3. Second Quarter .....	3,270,356	412,724	1,183,371	163,484		376,654	421,794		46,950	665,379	
4. Third Quarter .....	3,262,844	396,105	1,192,016	164,630		382,915	421,337		46,290	659,551	
5. Current Year .....	3,319,933	378,994	1,243,167	164,650		399,024	421,733		45,862	666,503	
6. Current Year Member Months .....	39,303,579	4,959,199	14,314,786	1,967,482		4,580,552	5,067,167		536,797	7,877,596	
<b>TOTAL Member Ambulatory Encounters for Year:</b>											
7. Physician .....	17,534,606	2,688,077	7,564,894	2,785,501			4,246,122		250,012		
8. Non-Physician .....	6,341,377	992,191	2,607,446	581,510		495,571	1,360,241		304,418		
9. TOTAL .....	23,875,983	3,680,268	10,172,340	3,367,011		495,571	5,606,363		554,430		
10. Hospital Patient Days Incurred .....	990,132	214,807	371,508	198,159			181,687		23,971		
11. Number of Inpatient Admissions .....	209,626	34,903	84,984	35,637			47,852		6,250		
12. Health Premiums Written (b) .....	13,433,506,918	2,835,155,070	6,665,843,908	385,988,527		133,072,759	2,849,476,235		257,953,088	306,017,333	
13. Life Premiums Direct .....											
14. Property/Casualty Premiums Written .....											
15. Health Premiums Earned .....	13,437,494,873	2,767,154,317	6,681,878,609	384,936,802		133,979,975	2,911,029,282		257,953,088	300,562,799	
16. Property/Casualty Premiums Earned .....											
17. Amount Paid for Provision of Health Care Services .....	11,077,665,660	2,075,899,864	5,478,526,466	290,147,777		89,639,614	2,677,379,230		258,974,725	207,097,984	
18. Amount Incurred for Provision of Health Care Services .....	11,162,760,100	2,087,696,538	5,514,822,071	291,661,894		90,136,351	2,712,896,712		264,020,007	201,526,527	

(a) For health business: number of persons insured under PPO managed care products .....1,622,457 and number of persons insured under indemnity only products .....167,174.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF UTAH DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
	Total	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	4,754	29	3,496	85		1,144				
2. First Quarter .....	4,794	25	3,649	82		1,038				
3. Second Quarter .....	4,225	24	3,335	83		783				
4. Third Quarter .....	4,511	25	3,504	87		895				
5. Current Year .....	4,650	21	3,587	91		951				
6. Current Year Member Months .....	55,066	283	42,294	1,019		11,470				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	16,027	76	14,544	1,407						
8. Non-Physician .....	11,494	23	8,970	561		1,940				
9. TOTAL .....	27,521	99	23,514	1,968		1,940				
10. Hospital Patient Days Incurred .....	1,154		936	218						
11. Number of Inpatient Admissions .....	304		277	27						
12. Health Premiums Written (b) .....	16,177,309	18,900	15,722,899	120,333		315,177				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	16,177,309	18,900	15,722,899	120,333		315,177				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	12,393,077	42,016	11,766,489	180,220		404,352				
18. Amount Incurred for Provision of Health Care Services .....	12,308,181	36,570	11,685,936	179,543		406,131				

(a) For health business: number of persons insured under PPO managed care products .....3,604 and number of persons insured under indemnity only products .....95.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year	252	23		217		12				
2. First Quarter	250	21		219		10				
3. Second Quarter	269	24		235		10				
4. Third Quarter	261	20		233		8				
5. Current Year	269	22		241		6				
6. Current Year Member Months	3,118	255		2,756		107				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician	4,758	128		4,630						
8. Non-Physician	1,979	70		1,864		45				
9. TOTAL	6,737	198		6,494		45				
10. Hospital Patient Days Incurred	601	2		599						
11. Number of Inpatient Admissions	127	1		126						
12. Health Premiums Written (b)	697,805	100,879		596,091		835				
13. Life Premiums Direct										
14. Property/Casualty Premiums Written										
15. Health Premiums Earned	697,805	100,879		596,091		835				
16. Property/Casualty Premiums Earned										
17. Amount Paid for Provision of Health Care Services	739,422	138,083		597,711		3,629				
18. Amount Incurred for Provision of Health Care Services	753,460	135,016		614,879		3,566				

(a) For health business: number of persons insured under PPO managed care products .....22 and number of persons insured under indemnity only products .....241.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR						NAIC Company Code 70670		
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	32	7		20		5				
2. First Quarter .....	28	7		16		5				
3. Second Quarter .....	28	7		16		5				
4. Third Quarter .....	29	7		17		5				
5. Current Year .....	28	7		16		5				
6. Current Year Member Months .....	343	83		200		60				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	280	2		278						
8. Non-Physician .....	116			116						
9. TOTAL .....	396	2		394						
10. Hospital Patient Days Incurred .....	47			47						
11. Number of Inpatient Admissions .....	10			10						
12. Health Premiums Written (b) .....	64,964	22,513		42,451						
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	64,964	22,513		42,451						
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	63,968	3,037		60,931						
18. Amount Incurred for Provision of Health Care Services .....	65,146	3,353		61,818		(25)				

(a) For health business: number of persons insured under PPO managed care products ..... 7 and number of persons insured under indemnity only products ..... 16.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$..... 0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	1,524	128		1,373		23				
2. First Quarter .....	1,511	106		1,384		21				
3. Second Quarter .....	1,517	99		1,397		21				
4. Third Quarter .....	1,540	91		1,429		20				
5. Current Year .....	1,556	96		1,444		16				
6. Current Year Member Months .....	18,304	1,194		16,874		236				
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	22,020	679		21,341						
8. Non-Physician .....	10,316	352		9,808		156				
9. TOTAL .....	32,336	1,031		31,149		156				
10. Hospital Patient Days Incurred .....	3,678	43		3,635						
11. Number of Inpatient Admissions .....	756	7		749						
12. Health Premiums Written (b) .....	4,076,548	477,870		3,595,928		2,750				
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	4,076,548	477,870		3,595,928		2,750				
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....	4,514,028	1,026,176		3,469,219		18,633				
18. Amount Incurred for Provision of Health Care Services .....	4,378,851	820,114		3,540,574		18,163				

(a) For health business: number of persons insured under PPO managed care products .....96 and number of persons insured under indemnity only products .....1,444.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: 2. LOCATION: ACA Risk Adjustment and ACA Risk Corridor, Net

NAIC Group Code 0917	1 Total	BUSINESS IN THE STATE OF OTHER FOREIGN TOTAL DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7 Federal Employees Health Benefits Plan	8 Title XVIII Medicare	9 Title XIX Medicaid	
	2 Individual	3 Group	Medicare Supplement	Vision Only	Dental Only					
<b>TOTAL Members at end of:</b>										
1. Prior Year .....										
2. First Quarter .....										
3. Second Quarter .....										
4. Third Quarter .....										
5. Current Year .....										
6. Current Year Member Months .....										
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....										
8. Non-Physician .....										
9. TOTAL .....										
10. Hospital Patient Days Incurred .....										
11. Number of Inpatient Admissions .....										
12. Health Premiums Written (b) .....	922,141,880	850,385,855	71,756,025							
13. Life Premiums Direct .....										
14. Property/Casualty Premiums Written .....										
15. Health Premiums Earned .....	922,141,880	850,385,855	71,756,025							
16. Property/Casualty Premiums Earned .....										
17. Amount Paid for Provision of Health Care Services .....										
18. Amount Incurred for Provision of Health Care Services .....										

(a) For health business: number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$.....0



## EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION: Health Care Service Corporation, a Mutual Legal Reserve Company

2. LOCATION:

NAIC Group Code 0917	1	BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR								NAIC Company Code 70670
		Comprehensive (Hospital & Medical)		4	5	6	7	8	9	
		2	3	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefits Plan	Title XVIII Medicare	Title XIX Medicaid	Other
	Total	Individual	Group							
<b>TOTAL Members at end of:</b>										
1. Prior Year .....	8,437,074	911,269	2,916,013	639,224		766,685	795,150	139,524	416,162	1,853,047
2. First Quarter .....	8,763,308	955,798	2,935,305	641,305		817,139	789,921	104,981	474,526	2,044,333
3. Second Quarter .....	8,778,222	911,185	2,939,582	639,886		816,881	788,243	105,932	502,701	2,073,812
4. Third Quarter .....	8,754,001	880,803	2,970,708	640,328		834,608	787,099	106,312	470,654	2,063,489
5. Current Year .....	8,816,211	847,887	3,059,102	637,817		859,417	787,334	105,461	442,244	2,076,949
6. Current Year Member Months .....	105,450,910	10,943,795	35,603,863	7,688,986		9,980,576	9,464,614	1,269,135	5,753,783	24,746,158
<b>TOTAL Member Ambulatory Encounters for Year:</b>										
7. Physician .....	51,525,353	5,991,551	21,339,134	10,833,138			7,723,572	1,703,723	3,934,235	.....
8. Non-Physician .....	21,419,042	2,336,929	9,501,984	2,789,771		1,087,536	2,604,998	930,255	2,167,569	.....
9. TOTAL .....	72,944,395	8,328,480	30,841,118	13,622,909		1,087,536	10,328,570	2,633,978	6,101,804	.....
10. Hospital Patient Days Incurred .....	4,820,744	469,237	909,977	1,051,228			349,776	695,898	1,344,628	.....
11. Number of Inpatient Admissions .....	787,671	90,259	221,745	186,722			90,924	60,971	137,050	.....
12. Health Premiums Written (b) .....	36,033,735,818	7,455,600,402	16,556,376,978	1,613,857,004		293,865,643	5,171,891,211	1,306,273,647	2,811,720,398	824,150,535
13. Life Premiums Direct .....										.....
14. Property/Casualty Premiums Written .....										.....
15. Health Premiums Earned .....	35,990,164,668	7,392,356,457	16,502,694,658	1,606,625,076		294,835,646	5,262,146,770	1,305,675,257	2,811,720,398	814,110,407
16. Property/Casualty Premiums Earned .....										.....
17. Amount Paid for Provision of Health Care Services .....	29,236,764,069	4,736,028,873	13,542,100,954	1,271,144,339		194,286,721	4,820,967,791	1,274,431,937	2,743,856,657	653,946,797
18. Amount Incurred for Provision of Health Care Services .....	29,250,808,942	4,728,629,571	13,497,780,570	1,281,001,339		194,964,721	4,883,294,655	1,279,484,758	2,761,807,293	623,846,034

(a) For health business: number of persons insured under PPO managed care products ..... 3,590,125 and number of persons insured under indemnity only products ..... 645,042.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$...1,306,273,647

**SCHEDULE S - PART 1 - SECTION 2****Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
<b>Affiliates - U.S. - Other</b>												
11814	73-1191843	01/01/2009	GHS HMO INC DBA BLUELINCS HMO	OK	OTH/G	CMM	2,325,856			112,000		
78611	73-1350270	01/01/2014	HCSC INS SERV CO	IL	OTH/I	MC	2,867,284			1,378,000		
0299999	Subtotal - Affiliates - U.S. - Other						5,193,140			1,490,000		
0399999	Subtotal - Affiliates - U.S. - Total						5,193,140			1,490,000		
0699999	Subtotal - Affiliates - Non-U.S. - Total											
0799999	Total - Affiliates						5,193,140			1,490,000		
1199999	Total U.S. (Sum of 0399999 and 0899999)						5,193,140			1,490,000		
1299999	Total Non-U.S. (Sum of 0699999 and 0999999)											
9999999	Total (Sum of 0799999 and 1099999)						5,193,140			1,490,000		

**SCHEDULE S - PART 2****Reinsurance Recoverable on Paid and Unpaid Losses Listed by  
Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Paid Losses	7 Unpaid Losses
1199999 Total - Life and Annuity .....						
<b>Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>						
70025 .... 91-6027719 ....	10/11/1998	GENWORTH LIFE INS CO .....	DE .....		17,856,000	
00000 .... AA-9990032 ....	01/01/2014	US Dept of Hlth & Human Serv .....	DC .....	1,040,713		
14421 .... 27-1595679 ....	01/01/2017	EYEMED INS CO .....	AZ .....		191,000	
1999999 Subtotal - Accident and Health - Non-Affiliates - U.S. Non-Affiliates .....				1,040,713	18,047,000	
2199999 Total - Accident and Health - Non-Affiliates .....				1,040,713	18,047,000	
2299999 Total - Accident and Health .....				1,040,713	18,047,000	
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....				1,040,713	18,047,000	
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....						
9999999 Total (Sum of 1199999 and 2299999) .....				1,040,713	18,047,000	

**SCHEDULE S - PART 3 - SECTION 2****Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
<b>General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates</b>													
62553	37-0808781	01/01/2003	COUNTRY LIFE INS CO	IL	OTH/G	CMM	56,287,612						
70025	91-6027719	10/01/1998	GENWORTH LIFE INS CO	DE	OTH/G	LTC	1,767,275						
0899999 Subtotal - General Account - Authorized - Non-Affiliates - U.S. Non-Affiliates							58,054,887						
1099999 Total - General Account - Authorized - Non-Affiliates							58,054,887						
1199999 Total - General Account Authorized							58,054,887						
<b>General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates</b>													
14421	27-1595679	01/01/2017	EYEMED INS CO	AZ	QA/I	OH	2,017,543						
14421	27-1595679	01/01/2017	EYEMED INS CO	AZ	QA/G	OH	7,714,649						
1999999 Subtotal - General Account - Unauthorized - Non-Affiliates - U.S. Non-Affiliates							9,732,191						
2199999 Total - General Account - Unauthorized - Non-Affiliates							9,732,191						
2299999 Total - General Account - Unauthorized							9,732,191						
3499999 Total - General Account - Authorized, Unauthorized and Certified							67,787,078						
6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999)							67,787,078						
7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999)													
9999999 Total (Sum of 3499999 and 6899999)							67,787,078						

**SCHEDULE S - PART 4****Reinsurance Ceded To Unauthorized Companies**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Reserve Credit Taken	6 Paid and Unpaid Losses Recoverable (Debit)	7 Other Debits	8 Totals (Cols. 5 + 6 + 7)	9 Letters of Credit	10 Issuing or Confirming Bank Reference Number (a)	11 Trust Agreements	12 Funds Deposited by and Withheld from Reinsurers	13 Other	14 Miscellaneous Balances (Credit)	15 Sum of Cols. 9+11+12 +13+14 But Not in Excess of Col. 8
1199999 Total - General Account - Life and Annuity .....									.... X X X .....					
<b>General Account - Accident and Health - Non-Affiliates - U.S. Non-Affiliates</b>														
14421 .... 27-1595679 .... 01/01/2017 EYEMED INS CO .....				191,000			191,000	.... 550,000	.... 0001 .....					191,000
1999999 Subtotal - General Account - Accident and Health - Non-Affiliates - U.S.					191,000		191,000	.... 550,000	.... X X X .....					191,000
Non-Affiliates .....					191,000		191,000	.... 550,000	.... X X X .....					191,000
2199999 Total - General Account - Accident and Health - Non-Affiliates .....					191,000		191,000	.... 550,000	.... X X X .....					191,000
2299999 Total - General Account - Accident and Health .....					191,000		191,000	.... 550,000	.... X X X .....					191,000
2399999 Total - General Account .....					191,000		191,000	.... 550,000	.... X X X .....					191,000
2699999 Subtotal - Separate Accounts - Affiliates - U.S. - Total .....									.... X X X .....					
2999999 Subtotal - Separate Accounts - Affiliates - Non-U.S. - Total .....									.... X X X .....					
3099999 Total - Separate Accounts - Affiliates .....									.... X X X .....					
3499999 Total - Separate Accounts .....									.... X X X .....					
3599999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2699999 and 3199999) .....				191,000			191,000	.... 550,000	.... X X X .....					191,000
3699999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2999999 and 3299999) .....									.... X X X .....					
9999999 Total (Sum of 2399999 and 3499999) .....				191,000			191,000	.... 550,000	.... X X X .....					191,000

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	Issuing or Confirming Bank Name	Letters of Credit Amount
.... 0001 .....	.... 1 .....	.... 026008536 .....	UniCredit S.p.A. ....	.... 550,000

## SCHEDULE S - PART 5

Reinsurance Ceded to Certified Reinsurers as of December 31, Current Year (\$000 Omitted)

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsurer	5 Domi- niliary Juris- diction	6 Certified Reinsurer	7 Effective Date of Certified Reinsurer	8 Percent Collateral Required for Full Credit (0% - 100%)	9 Reserve Credit Taken	10 Paid and Unpaid Losses Recoverable (Debit)	11 Other Debits	12 Total Recoverable /Reserve Credit Taken	13 Miscellaneous	14 Net Obligation Subject to Collateral	15 Dollar Amount of Collateral Required for Full Credit	Collateral						23 Percent of Collateral Provided for Net Obligation Subject to Collateral (Col. 23 / Col. 8 not to Exceed 100%)	24 Percent Credit Allowed on Net Obligation Subject to Collateral (Col. 22 / Col. 14)	25 Amount of Credit Allowed With Certified Reinsurers Due to Collateral (Col. 14 x Col. 24)	26 Liability for Reinsurance With Certified Reinsurers Due to Collateral Deficiency Cols. 14 - 25)		
															16 Multiple Beneficiary Trust	17 Letters of Credit	18 Issuing or Confirming Bank	19 Reference Number (a)	20 Funds Deposited by and Withheld from Reinsurers	21 Trust Agreements	22 Total Collateral Provided (Col. 16 + 17 + 19 + 20 + 21)					
9999999 Total (Sum of 2399999 and 3499999) .....																										

(a)

Issuing or Confirming Bank Reference Number	Letters of Credit Code	American Bankers Association (ABA) Routing Number	NONE			Letters of Credit Amount
			Issuing or Confirming Bank Name			

**SCHEDULE S - PART 6**  
**Five-Year Exhibit of Reinsurance Ceded Business**  
**(\$000 Omitted)**

	1 2018	2 2017	3 2016	4 2015	5 2014
<b>A. OPERATIONS ITEMS</b>					
1. Premiums .....	67,370	67,882	76,354	102,071	85,836
2. Title XVIII-Medicare .....	417	2,608			
3. Title XIX - Medicaid .....					
4. Commissions and reinsurance expense allowance .....	3,402	3,311	3,132	3,364	3,323
5. TOTAL Hospital and Medical Expenses .....	57,953	120,094	376,450	955,613	962,278
<b>B. BALANCE SHEET ITEMS</b>					
6. Premiums receivable .....					
7. Claims payable .....	18,047	16,476	47,723	93,357	130,246
8. Reinsurance recoverable on paid losses .....	1,041	49,613	332,546	849,049	792,422
9. Experience rating refunds due or unpaid .....	459	1,319	23,994	330	304
10. Commissions and reinsurance expense allowances due .....					
11. Unauthorized reinsurance offset .....					
12. Offset for reinsurance with Certified Reinsurers .....					
<b>C. UNAUTHORIZED REINSURANCE</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
13. Funds deposited by and withheld from (F) .....					
14. Letters of credit (L) .....	550	550			
15. Trust agreements (T) .....					
16. Other (O) .....					
<b>D. REINSURANCE WITH CERTIFIED REINSURERS</b>					
<b>(DEPOSITS BY AND FUNDS WITHHELD FROM)</b>					
17. Multiple Beneficiary Trust .....					
18. Funds deposited by and withheld from (F) .....					
19. Letters of credit (L) .....					
20. Trust agreements (T) .....					
21. Other (O) .....					

**SCHEDULE S - PART 7**  
**Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance**

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
<b>ASSETS (Page 2, Col. 3)</b>			
1. Cash and invested assets (Line 12) .....	13,206,403,811		13,206,403,811
2. Accident and health premiums due and unpaid (Line 15) .....	3,153,686,319		3,153,686,319
3. Amounts recoverable from reinsurers (Line 16.1) .....	1,040,713	(1,040,713)	0
4. Net credit for ceded reinsurance .....	X X X	19,087,254	19,087,254
5. All other admitted assets (Balance) .....	10,364,433,393		10,364,433,393
6. <b>TOTAL Assets (Line 28)</b> .....	<b>26,725,564,236</b>	<b>18,046,541</b>	<b>26,743,610,777</b>
<b>LIABILITIES, CAPITAL AND SURPLUS (Page 3)</b>			
7. Claims unpaid (Line 1) .....	2,981,074,887	18,047,000	2,999,121,887
8. Accrued medical incentive pool and bonus payments (Line 2) .....	311,699,000		311,699,000
9. Premiums received in advance (Line 8) .....	540,993,371		540,993,371
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount) .....			
11. Reinsurance in unauthorized companies (Line 20 minus inset amount) .....			
12. Reinsurance with Certified Reinsurers (Line 20 inset amount) .....			
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) .....			
14. All other liabilities (Balance) .....	6,032,457,905	(459)	6,032,457,446
15. <b>TOTAL Liabilities (Line 24)</b> .....	<b>9,866,225,164</b>	<b>18,046,541</b>	<b>9,884,271,705</b>
16. <b>TOTAL Capital and Surplus (Line 33)</b> .....	<b>16,859,339,073</b>	X X X	16,859,339,073
17. <b>TOTAL Liabilities, Capital and Surplus (Line 34)</b> .....	<b>26,725,564,236</b>	<b>18,046,541</b>	<b>26,743,610,777</b>
<b>NET CREDIT FOR CEDED REINSURANCE</b>			
18. Claims unpaid .....	18,047,000		
19. Accrued medical incentive pool .....			
20. Premiums received in advance .....			
21. Reinsurance recoverable on paid losses .....	1,040,713		
22. Other ceded reinsurance recoverables .....			
23. <b>TOTAL Ceded Reinsurance Recoverables</b> .....	<b>19,087,713</b>		
24. Premiums receivable .....			
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers .....			
26. Unauthorized reinsurance .....			
27. Reinsurance with Certified Reinsurers .....			
28. Funds held under reinsurance treaties with Certified Reinsurers .....			
29. Other ceded reinsurance payables/offsets .....	459		
30. <b>TOTAL Ceded Reinsurance Payables/Offsets</b> .....	<b>459</b>		
31. <b>TOTAL Net Credit for Ceded Reinsurance</b> .....	<b>19,087,254</b>		

**SCHEDULE T - PART 2****INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN  
ALLOCATED BY STATES AND TERRITORIES**

States, Etc.	Direct Business only					
	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
1. Alabama (AL) .....	.....	.....	.....	.....	.....	.....
2. Alaska (AK) .....	.....	.....	.....	.....	.....	.....
3. Arizona (AZ) .....	.....	.....	.....	.....	.....	.....
4. Arkansas (AR) .....	.....	.....	.....	.....	.....	.....
5. California (CA) .....	.....	.....	.....	.....	.....	.....
6. Colorado (CO) .....	.....	.....	.....	.....	.....	.....
7. Connecticut (CT) .....	.....	.....	.....	.....	.....	.....
8. Delaware (DE) .....	.....	.....	.....	.....	.....	.....
9. District of Columbia (DC) .....	.....	.....	.....	.....	.....	.....
10. Florida (FL) .....	.....	.....	.....	.....	.....	.....
11. Georgia (GA) .....	.....	.....	.....	.....	.....	.....
12. Hawaii (HI) .....	.....	.....	.....	.....	.....	.....
13. Idaho (ID) .....	.....	.....	.....	.....	.....	.....
14. Illinois (IL) .....	.....	.....	.....	.....	.....	.....
15. Indiana (IN) .....	.....	.....	.....	.....	.....	.....
16. Iowa (IA) .....	.....	.....	.....	.....	.....	.....
17. Kansas (KS) .....	.....	.....	.....	.....	.....	.....
18. Kentucky (KY) .....	.....	.....	.....	.....	.....	.....
19. Louisiana (LA) .....	.....	.....	.....	.....	.....	.....
20. Maine (ME) .....	.....	.....	.....	.....	.....	.....
21. Maryland (MD) .....	.....	.....	.....	.....	.....	.....
22. Massachusetts (MA) .....	.....	.....	.....	.....	.....	.....
23. Michigan (MI) .....	.....	.....	.....	.....	.....	.....
24. Minnesota (MN) .....	.....	.....	.....	.....	.....	.....
25. Mississippi (MS) .....	.....	.....	.....	.....	.....	.....
26. Missouri (MO) .....	.....	.....	.....	.....	.....	.....
27. Montana (MT) .....	.....	.....	.....	172,567	.....	172,567
28. Nebraska (NE) .....	.....	.....	.....	.....	.....	.....
29. Nevada (NV) .....	.....	.....	.....	.....	.....	.....
30. New Hampshire (NH) .....	.....	.....	.....	.....	.....	.....
31. New Jersey (NJ) .....	.....	.....	.....	.....	.....	.....
32. New Mexico (NM) .....	.....	.....	.....	.....	.....	.....
33. New York (NY) .....	.....	.....	.....	.....	.....	.....
34. North Carolina (NC) .....	.....	.....	.....	.....	.....	.....
35. North Dakota (ND) .....	.....	.....	.....	.....	.....	.....
36. Ohio (OH) .....	.....	.....	.....	.....	.....	.....
37. Oklahoma (OK) .....	.....	.....	.....	1,963,639	.....	1,963,639
38. Oregon (OR) .....	.....	.....	.....	.....	.....	.....
39. Pennsylvania (PA) .....	.....	.....	.....	.....	.....	.....
40. Rhode Island (RI) .....	.....	.....	.....	.....	.....	.....
41. South Carolina (SC) .....	.....	.....	.....	.....	.....	.....
42. South Dakota (SD) .....	.....	.....	.....	.....	.....	.....
43. Tennessee (TN) .....	.....	.....	.....	.....	.....	.....
44. Texas (TX) .....	.....	.....	.....	.....	.....	.....
45. Utah (UT) .....	.....	.....	.....	.....	.....	.....
46. Vermont (VT) .....	.....	.....	.....	.....	.....	.....
47. Virginia (VA) .....	.....	.....	.....	.....	.....	.....
48. Washington (WA) .....	.....	.....	.....	.....	.....	.....
49. West Virginia (WV) .....	.....	.....	.....	.....	.....	.....
50. Wisconsin (WI) .....	.....	.....	.....	.....	.....	.....
51. Wyoming (WY) .....	.....	.....	.....	.....	.....	.....
52. American Samoa (AS) .....	.....	.....	.....	.....	.....	.....
53. Guam (GU) .....	.....	.....	.....	.....	.....	.....
54. Puerto Rico (PR) .....	.....	.....	.....	.....	.....	.....
55. U.S. Virgin Islands (VI) .....	.....	.....	.....	.....	.....	.....
56. Northern Mariana Islands (MP) .....	.....	.....	.....	.....	.....	.....
57. Canada (CAN) .....	.....	.....	.....	.....	.....	.....
58. Aggregate other alien (OT) .....	.....	.....	.....	.....	.....	.....
59. TOTALS .....	.....	.....	.....	2,136,206	.....	2,136,206

## SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
4	HCSC GROUP .....	917	HCSC GROUP .....	70670	36-1236610	.....	0000350793	.....	.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	.....	.....	.....	.....	.....
		917	HCSC GROUP .....	71129	36-2598882	003857522	.....	.....	.....	DEARBORN NATIONAL LIFE INSURANCE COMPANY .....	IL .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		917	HCSC GROUP .....	85090	22-3026145	.....	.....	.....	.....	DEARBORN NATIONAL LIFE INSURANCE COMPANY OF NEW YORK .....	NY .. DS ..	DEARBORN NATIONAL LIFE INSURANCE COMPANY .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	36-3339483	.....	.....	.....	.....	DENTAL NETWORK OF AMERICA, LLC .....	DE .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	36-3339483	.....	.....	.....	.....	DENTAL NETWORK OF AMERICA, LLC .....	DE .. DS ..	DEARBORN NATIONAL LIFE INSURANCE COMPANY .....	Board of Directors, Management .....	.....	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	38-2612298	.....	.....	.....	.....	DENTEMAX, LLC .....	DE .. DS ..	DENTAL NETWORK OF AMERICA, LLC .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	20-1067299	.....	.....	.....	.....	DENTAL SOLUTIONS, INC. .....	MI .. DS ..	DENTEMAX, LLC .....	Ownership, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	36-4186601	.....	.....	.....	.....	HCSC PURCHASING, LLC .....	DE .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		917	HCSC GROUP .....	78611	73-1350270	.....	.....	.....	.....	HCSC INSURANCE SERVICES COMPANY .....	IL .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	26-0076803	.....	.....	.....	.....	PRIME THERAPEUTICS LLC .....	DE .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	39.9	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
		.....	.....	00000	59-3715944	.....	.....	.....	.....	AVAILITY, LLC .....	DE .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors .....	21.7	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....
917	HCSC GROUP .....	29718	73-1507369	.....	.....	.....	.....	.....	.....	GHS INSURANCE COMPANY .....	OK .. DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	Ownership, Board of Directors, Management .....	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
411	HCSC GROUP	00000	73-1514691			GHS GENERAL INSURANCE AGENCY, INC.		OK	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		11814	73-1191843			GHS HEALTH MAINTENANCE ORGANIZATION, INC.		OK	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		14048	27-4183696			GHS MANAGED HEALTH CARE PLANS, INC.		OK	DS ..	GHS HEALTH MAINTENANCE ORGANIZATION, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	23-2530889		0001367705	MEDECISION, INC.		PA	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	84-1683303			COLLABORACARE CONSORTIUM, LLC	PA	DS ..	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y		
		00000	23-2530889			OPTIMED MEDICAL SYSTEMS, LLC	PA	DS ..	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002	
		00000	11-3644814		0001404274	HX TECHNOLOGIES, INC.	DE	DS ..	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002	
		00000	33-0711280			UNLIMITED INNOVATIONS, INC.	CA	DS ..	MEDECISION, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000002	
		00000	82-4418148			CMH TECHNOLOGY SUBSIDIARY, LLC	DE	DS ..	MEDECISION, INC.	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
		00000	20-5426675			TMA PRACTICEEDGE, LLC	TX	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	35.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
		00000	27-4269034		0001508432	HEALTH INTELLIGENCE COMPANY LLC D/B/A BLUE HEALTH INTELLIGENCE	DE	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	10.6	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		
		00000	30-0802612			INNOVISTA, LLC	DE	DS ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N		

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela- tionship to Report- ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.2		00000	83-2055033			GENESIS MEDICAL GROUP MANAGEMENT COMPANY, LLC		TX	DS	INNOVISTA, LLC	Ownership, Board of Directors	49.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	45-0510673			VERITY HEALTHNET, LLC		LA	DS	INNOVISTA, LLC	Ownership, Board of Directors	25.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	86-0813402			TRIWEST ALLIANCE, INC.		DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors	12.8	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y	
		00000	37-1789176			HCSC VENTURES, INC.		DE	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Y	
		00000	83-2215567			ALACURA HOLDINGS, INC.		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	20.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000008
		00000	46-3019902			AVALON HEALTH SERVICES, LLC		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	19.5	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	27-1038374		0001478786	BH ASSETS LLC		DE	DS	HCSC VENTURES, INC.	Ownership, Other	35.7	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-2930757		0001439779	BLUECROSS BLUESHIELD VENTURES, INC.		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.6	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	26-2936839		0001439778	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		DE	DS	BLUECROSS BLUESHIELD VENTURES, INC.	Ownership, Management	1.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000003
		00000	26-2936839		0001439778	BLUECROSS BLUESHIELD VENTURE PARTNERS, L.P.		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	21.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	0000003
		00000	47-1692551			COGITATIVO, INC		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors	18.2	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	82-1682951			HCSC ITC, LLC		DE	DS	HCSC VENTURES, INC.	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Comp- any Code	ID Number	FEDERAL RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries or Affiliates	Domic- iliary Loca- tion	Rela-tionship to Report-ing Entity	Directly Controlled by (Name of Entity / Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies) / Person(s)	Is an SCA Filing Required? (Y/N)	*
41.3	HCSC GROUP	00000	82-1285164			USB RETC FUND 2017-2, LLC		DE	DS	HCSC ITC, LLC	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	N	
		00000	82-3349261			USB HTC FUND 2017-2, LLC		DE	DS	HCSC ITC, LLC	Ownership	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		00000	47-0970280		0001612123	HEALTHBOX CHICAGO III LLC		DE	DS	HCSC VENTURES, INC.	Ownership	36.3	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		16013	61-1782332			ILLINOIS BLUE CROSS BLUE SHIELD INSURANCE COMPANY		IL	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		16022	61-1790731			MONTANA BLUE INSURANCE COMPANY		MT	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		16359	38-3984430			BLUE CROSS AND BLUE SHIELD OF NEW MEXICO INSURANCE COMPANY		NM	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		15907	30-0892376			OKLAHOMA BLUE INSURANCE COMPANY		OK	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		15941	36-4836697			TEXAS BLUE CROSS BLUE SHIELD INSURANCE COMPANY		TX	DS	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Ownership, Board of Directors, Management	100.0	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
		00000	47-4840919			HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP		IL	NIA	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	0000007	
		16030	47-4875772			BCBSIL GP HMO, NFP		IL	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		
917	HCSC GROUP	00000	47-4862340			BLUE CROSS AND BLUE SHIELD OF NEW MEXICO GOVERNMENT PROGRAMS HMO, NFP		IL	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY	0000007	
		15964	47-4889581			BCBSTM GOVERNMENT PROGRAMS HMO		TX	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP	Board of Directors, Management		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY		

# SCHEDULE Y

## PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1 Group Code	2 Group Name	3 NAIC Comp- any Code	4 ID Number	5 FEDERAL RSSD	6 CIK	7 Name of Securities Exchange if Publicly Traded (U.S. or International)	8 Names of Parent, Subsidiaries or Affiliates	9 Domic- iliary Loca- tion	10 Rela- tion- ship to Report- ing Entity	11 Directly Controlled by (Name of Entity / Person)	12 Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	13 If Control is Ownership Provide Percentage	14 Ultimate Controlling Entity(ies) / Person(s)	15 Is an SCA Filing Required? (Y/N)	16 *
917	HCSC GROUP .....	15851	47-5287374			BCBSOK GOVERNMENT PROGRAMS HMO COMPANY .....		OK	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP .....	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	N	0000007
		15958	47-4907557			MONTANA BLUE GOVERNMENT PROGRAMS HMO .....		MT	IA	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP .....	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....		
		00000	75-2393811			CARING FOR CHILDREN FOUNDATION OF TEXAS, INC. ....		TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY ..	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	N	0000007
		00000	35-2613131			THE CARING FOUNDATION OF MONTANA, INC. ....		MT	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY ..	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....		
		00000	73-1470846			THE OKLAHOMA CARING FOUNDATION, INC. ....		OK	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY ..	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	N	0000004
		00000	36-6057472			PLANITES CREDIT UNION .....		IL	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY ..	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....		
		00000	75-6020171			LIFETIME FEDERAL CREDIT UNION .....		TX	OTH	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY ..	Board of Directors, Management .....		HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....	N	0000005
		00000											HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RESERVE COMPANY .....		

414

Asterisk	Explanation
0000001	Except in this case, Column 11 includes only those entities with an ownership interest in a corresponding downstream subsidiary ("DS") listed in Column 8 .....
0000002	Ownership (shell company) .....
0000003	Reflect direct ownership percentages only .....
0000004	Majority of the directors are employees or directors of HCSC .....
0000005	5 of 8 directors are employees of HCSC, all officers are HCSC employees, and HCSC provides support and staffing .....
0000006	All members and directors are current or former HCSC and affiliate employees and their families, and HCSC provides support .....
0000007	The Corporation is the sole member of HCSC Government Programs Holding Company, NFP which, in turn is the sole member of its subsidiaries .....
0000008	Includes 4.74% passive investment through a private equity entity .....

## SCHEDULE Y

### PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1 NAIC Company Code	2 ID Number	3 Names of Insurers and Parent, Subsidiaries or Affiliates	4 Shareholder Dividends	5 Capital Contributions	6 Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	7 Income/(Disburse- ments) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	8 Management Agreements and Service Contracts	9 Income/ (Disbursements) Incurred Under Reinsurance Agreements	10 *	11 Any Other Material Activity not in the Ordinary Course of the Insurer's Business	12	13 Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)	
.. 70670 ..	36-1236610 ..	HEALTH CARE SERVICE CORPORATION, A MUTUAL LEGAL RE ..	67,880,946	(334,043,487)			197,722,540					(68,440,002)	(1,490,000)
.. 78611 ..	73-1350270 ..	HCSC INSURANCE SERVICES COMPANY ..		150,000,000			(197,722,540)					(47,722,540)	1,378,000
.. 11814 ..	73-1191843 ..	GHS HMO INC DBA BLUELINS HMO ..											112,000
.. 00000 ..	36-3339483 ..	DENTAL NETWORK OF AMERICA, LLC ..	(15,000,000)									(15,000,000)	
.. 71129 ..	36-2598882 ..	DEARBORN NATL LIFE INS CO ..	(40,000,000)									(40,000,000)	
.. 00000 ..	37-1789176 ..	HCSC VENTURES, INC. ..	(7,341,039)	100,835,487								93,494,448	
.. 00000 ..	47-4840919 ..	HCSC GOVERNMENT PROGRAMS HOLDING COMPANY, NFP ..		1,500,000								1,500,000	
.. 16359 ..	38-3984430 ..	BCBS OF NM INS CO ..		430,000								430,000	
.. 15941 ..	36-4836697 ..	TEXAS BLUE CROSS BLUE SHIELD INSURANCE CO ..		10,000								10,000	
.. 00000 ..	30-0802612 ..	INNOVISTA, LLC. ..		29,000,000								29,000,000	
.. 00000 ..	26-0076803 ..	PRIME THERAPEUTICS ..		37,268,000								37,268,000	
.. 29718 ..	73-1507369 ..	GHS INS CO ..		15,000,000								15,000,000	
.. 00000 ..	23-2530889 ..	MEDECISION, INC ..	(1,000,000)									(1,000,000)	
.. 00000 ..	43-2084847 ..	ACADEMIC HEALTHPLANS, INC ..	(4,539,907)									(4,539,907)	
9999999 Control Totals ..			0							X X X			

Schedule Y Part 2 Explanation: (1) Dental Network of America (DNoA) paid a \$15M dividend to HCSC, of which \$11M came from a dividend paid to DNoA from DenteMax. (2) Dearborn National Life Insurance Company (DNL) paid a \$40M dividend to HCSC, of which \$1.1M came from a dividend paid to DNL from Dearborn National Life Insurance Company of New York. (3) As of March 31st, 2018, HCSC completed the sale of stock for Academic HealthPlans, Inc. and no longer is a wholly-owned subsidiary.

# SUPPLEMENTAL EXHIBITS AND SCHEDULES

## INTERROGATORIES

### Response

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	Yes
2. Will an actuarial opinion be filed by March 1?	Yes
3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	Yes
4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?	Yes

#### APRIL FILING

5. Will Management's Discussion and Analysis be filed by April 1?	Yes
6. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	Yes
7. Will the Accident and Health Policy Experience Exhibit be filed by April 1?	Yes

#### JUNE FILING

8. Will an audited financial report be filed by June 1?	Yes
9. Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	Yes

#### AUGUST FILING

10. Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and electronically with the NAIC (as a regulator-only non-public document) by August 1?	Yes
---	-----

The following supplemental reports are required to be filed as part of your statement filing if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but it is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

#### MARCH FILING

11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	Yes
12. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	Yes
13. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?	No
14. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
15. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?	No
16. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?	Yes
17. Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	No
18. Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	No
19. Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	No

#### APRIL FILING

20. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	Yes
21. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	Yes
22. Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	Yes
23. Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?	Yes
24. Will the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and the NAIC by April 1?	Yes
25. Will the Adjustments to the Life, Health & Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit (if required) be filed with the state of domicile and the NAIC by April 1?	Yes

#### AUGUST FILING

26. Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	Yes
--	-----

Explanation:

- 1.
- 2.

Bar Code:

Schedule SIS



7067020184200000 2018 Document Code: 420

Actuarial Opinion on Participating and Non-Participating Policies



7067020183710000 2018 Document Code: 371

Statement of Non-Guaranteed Elements for Exhibit 5



7067020183700000 2018 Document Code: 370

Approval for Relief related to five-year rotation for lead Audit Partner



7067020182240000 2018 Document Code: 224

Approval for Relief related to one-year cooling off period for inde. CPA



7067020182250000 2018 Document Code: 225

Approval for Relief related to Require. for Audit Committees



7067020182260000 2018 Document Code: 226

ANNUAL STATEMENT FOR THE YEAR 2018 OF THE **Health Care Service Corporation, a Mutual Legal Reserve Company**  
**OVERFLOW PAGE FOR WRITE-INS**

**ASSETS**

	Current Year			Prior Year
	1 Assets	2 Nonadmitted Assets	3 Net Admitted Assets (Cols.1-2)	4 Net Admitted Assets
1197. Summary of remaining write-ins for Line 11 (Lines 1104 through 1196) .....	.....	.....	.....	.....
2504. PREMIUM TAX RECOVERABLES .....	15,772,052	.....	15,772,052	6,924,203
2505. CASH SURRENDER VALUE OF SPLIT DOLLAR INSURANCE .....	28,428,585	.....	28,428,585	28,620,940
2506. ANNUITY .....	9,179,741	.....	9,179,741	12,073,345
2507. PREMIUM TAX CREDITS .....	6,477,488	.....	6,477,488	3,923,011
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	59,857,866	.....	59,857,866	51,541,499

**LIABILITIES, CAPITAL AND SURPLUS**

	Current Year			Prior Year
	1 Covered	2 Uncovered	3 Total	4 Total
2304. IL DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES .....	38,899,966	.....	38,899,966	.....
2397. Summary of remaining write-ins for Line 23 (Lines 2304 through 2396) .....	38,899,966	.....	38,899,966	.....
2597. Summary of remaining write-ins for Line 25 (Lines 2504 through 2596) .....	XXX	XXX	XXX	.....
3097. Summary of remaining write-ins for Line 30 (Lines 3004 through 3096) .....	XXX	XXX	XXX	.....

## EXHIBIT 1 - ENROLLMENT BY PRODUCT TYPE FOR HEALTH BUSINESS ONLY

Source of Enrollment	Total Members at End of					6 Current Year Member Months
	1 Prior Year	2 First Quarter	3 Second Quarter	4 Third Quarter	5 Current Year	
0604. Medicaid .....	416,162	474,526	502,701	470,654	442,244	5,753,783
0605. Medicare Advantage .....	139,524	104,981	105,932	106,312	105,461	1,269,135
0606. Medicare Part D .....	9,416	9,593	9,605	9,633	9,576	115,212
0697. Summary of remaining write-ins for Line 6 (Lines 0604 through 0696) .....	565,102	589,100	618,238	586,599	557,281	7,138,130

## OVERFLOW PAGE FOR WRITE-INS

**SCHEDULE E - PART 3 - SPECIAL DEPOSITS**

States, Etc.	1 Type of Deposit	2 Purpose of Deposit	Deposits For the Benefit of All Policyholders		All Other Special Deposits	
			3 Book/Adjusted Carrying Value	4 Fair Value	5 Book/Adjusted Carrying Value	6 Fair Value
5804. ....	.....	.....	.....	.....	.....	.....
5805. ....	.....	.....	.....	.....	.....	.....
5897. Summary of remaining write-ins for Line 58 (Lines 5804 through 5896) .....	XXX	XXX .....	XXX .....	XXX .....	XXX .....	XXX .....



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2018**  
**(To be filed by March 1)**  
**FOR THE STATE OF ILLINOIS**

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
N/A	CB-34	P	No	2,5,6	01/01/1982			12/31/1984	Super Supplement/High	5,415	83	1.5	1				
N/A	CB-41.1	P	No	2,5,6	08/27/1985			12/31/1987	Senior Supplement 1	114,262	69,198	60.6	41				
N/A	CB-41.2	P	No	2,5,6	08/27/1985			12/31/1987	Senior Supplement 2	76,180	38,879	51.0	15				
N/A	CB-41.3	P	No	2,5,6	08/26/1985			12/31/1987	Senior Supplement 3	63,445	42,315	66.7	13				
N/A	CB-41.4	P	No	2,5,6	08/26/1985			12/31/1987	Senior Supplement 4	136,342	70,367	51.6	20				
N/A	CB-41.5	P	No	2,5,6	02/18/1987			12/31/1987	Senior Supplement 1+	1,518,425	1,233,116	81.2	383				
N/A	CB-41.7	P	No	2,5,6	02/18/1987			12/31/1988	Senior Supplement 3+	533,238	350,719	65.8	125				
N/A	CB-44.1	P	No	2,5,6	01/06/1989			12/31/1991	New Low	12,934	46,079	356.3	6				
N/A	CB-44.2	P	No	2,5,6	01/06/1989			12/31/1991	New Mid	2,506,010	1,861,099	74.3	667				
N/A	CB-44.3	P	No	2,5,6	01/06/1989			12/31/1991	New High	540,167	463,119	85.7	123				
N/A	CB-44.4	P	No	2,5,6	01/06/1989			12/31/1991	New 1+	208,906	172,498	82.6	50				
Yes	CB-45.1, CB-45.1 HCSC rev	A	No	2,3,5	12/02/1991				Plan A	1,552,959	1,354,656	87.2	959	194,768	213,117	109.4	154
Yes	CB-45.10 HCSC	N	No	2,3,5,6	03/31/2010				Plan N	15,542,078	14,464,263	93.1	7,405	9,616,356	8,155,541	84.8	5,824
Yes	CB-45.11 HCSC	G	No	2,3,5,6	03/31/2010				Plan G	15,549,374	13,724,703	88.3	5,525	17,934,765	16,840,439	93.9	7,835
Yes	CB-45.2, CB-45.2 HCSC rev	B	No	2,3,5	12/02/1991				Plan B	1,853,323	1,908,028	103.0	676	111,948	112,684	100.7	59
Yes	CB-45.3, CB-45.3 HCSC rev	C	No	2,3,5	06/01/1997				Plan C	9,650,554	8,676,923	89.9	2,748	837,944	1,472,019	175.7	320
Yes	CB-45.4	D	No	2,3,5	12/02/1991			05/31/2010	Plan D	27,581,842	20,196,320	73.2	7,934				
Yes	CB-45.5	E	No	2,3,5	12/02/1991			05/31/2010	Plan E	2,906,444	1,929,437	66.4	784				
Yes	CB-45.6, CB-45.6 HCSC rev	F	No	2,3,5	11/29/1993				Plan F	479,351,212	371,099,650	77.4	152,040	97,145,735	98,906,478	101.8	46,838
Yes	CB-45.7, CB-45.7 HCSC rev	F	No	2,3,5	09/03/2004				Plan F - High Deductible	12,248,016	6,991,916	57.1	13,361	4,408,290	2,960,675	67.2	6,073
Yes	CB-45.8	K	No	2,3,5	01/01/2006				Plan K	194,985	93,465	47.9	121	69,728	38,800	55.6	59
Yes	CB-45.9	L	No	2,3,5	01/01/2006				Plan L	88,122	33,491	38.0	40	29,876	13,284	44.5	20
Yes	CB-46.0, CB-46.0 HCSC rev	B	Yes	2,3,5	07/25/1995				Select Plan B	1,421,609	1,156,446	81.3	662	137,057	134,029	97.8	87
Yes	CB-46.1, CB-46.1 HCSC rev	C	Yes	2,3,5	06/01/1997				Select Plan C	23,172,007	20,065,668	86.6	8,438	2,870,509	3,165,492	110.3	1,366
Yes	CB-46.2	D	Yes	2,3,5	07/25/1995			05/31/2010	Select Plan D	20,749,449	15,411,718	74.3	7,754				
Yes	CB-46.3	E	Yes	2,3,5	07/25/1995			05/31/2010	Select Plan E	874,409	647,605	74.1	310				
Yes	CB-46.4, CB-46.4 HCSC rev	F	Yes	2,3,5	07/25/1995				Select Plan F	196,538,231	150,686,214	76.7	71,518	25,105,005	23,459,668	93.4	13,113
Yes	CB-46.5	K	Yes	2,3,5	01/01/2006				Select Plan K	109,374	102,476	93.7	70	39,002	19,164	49.1	29
Yes	CB-46.6	L	Yes	2,3,5	01/01/2006				Select Plan L	80,905	33,713	41.7	38	12,687	3,442	27.1	6
Yes	CB-46.7 HCSC	G	Yes	2,3,5,6	03/31/2010				Select Plan G	7,013,120	6,071,791	86.6	2,845	9,869,660	9,089,535	92.1	4,651
Yes	CB-46.8 HCSC	N	Yes	2,3,5,6	03/31/2010				Select Plan N	8,560,321	6,909,700	80.7	4,676	5,120,719	4,508,347	88.0	3,395
019999 Total Experience on Individual Policies										830,753,658	645,905,655	77.7	289,348	173,504,049	169,092,714	97.5	89,829
<b>Total Experience on Group Policies</b>																	
N/A	CB-44.5	P	No	2,5,6	01/06/1989			12/31/1991	New Low	35,497	29,501	83.1	16				
N/A	CB-44.6	P	No	2,5,6	01/06/1989			12/31/1991	New Mid	4,440,054	3,356,146	75.6	1,135				
N/A	CB-44.7	P	No	2,5,6	01/06/1989			12/31/1991	New High	1,306,941	1,013,540	77.6	295				
N/A	CB-44.8	P	No	2,5,6	01/06/1989			12/31/1991	New 1+	197,904	141,788	71.6	40				
N/A	GB 10.A2.1	P	No	2,5,6	11/18/1988			12/31/1986	Plan 1	1,543,475	1,189,685	77.1	315				
N/A	GB 10.A2.2	P	No	2,5,6	11/18/1988			12/31/1986	Plan 1A	480,370	415,052	86.4	124				
029999 Total Experience on Group Policies										8,004,241	6,145,712	76.8	1,925				

**Medicare Supplement Ins. Exp. Exh. (continued)**

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 300 East Randolph Street, Chicago IL 60601-5099
  - 2.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: 300 East Randolph, Chicago IL 60601-5099
  - 3.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
4. Explain any policies identified above as policy type "O":



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2018**  
**(To be filed by March 1)**  
**FOR THE STATE OF MONTANA**

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
Yes	MSPLAN1062010	A	No	3,4	02/25/2010				Simply Blue A	12,798	3,621	28.3	7	1,788	5,177	289.5	1
Yes	MSPLAN062010	C	No	3,4	02/25/2010				Simply Blue C	95,611	64,452	67.4	38	2,489	(158)	(6.3)	1
Yes	MSPLANF062010	F	No	3,4	02/25/2010				Simply Blue F	1,792,112	1,181,573	65.9	695	348,060	180,268	51.8	133
Yes	MSHIGHDEDPLANF062010	F	No	3,4	02/25/2010				Simply Blue FHD	86,262	9,262	10.7	73	25,444	3,304	13.0	22
Yes	MSPLAN062010	G	No	3,4	09/14/2017				Simply Blue G					94,339	91,613	97.1	198
Yes	MSPLAN062010	N	No	3,4	02/25/2010				Simply Blue N	20,646	18,607	90.1	11	9,441	1,362	14.4	5
Yes	MSPLAN1062010	A	No	3,4	02/25/2010				Simply Blue A (age rtd)	3,327		(2.2)	2	1,062	(221)	(20.8)	
Yes	MSPLAN062010	C	No	3,4	02/25/2010				Simply Blue C (age rtd)	194,911	174,373	89.5	73	54,777	71,116	129.8	24
Yes	MSPLANF062010	F	No	3,4	02/25/2010				Simply Blue F (age rtd)	16,602,541	12,279,099	74.0	6,908	10,109,558	8,547,310	84.5	4,800
Yes	MSHIGHDEDPLANF062010	F	No	3,4	02/25/2010				Simply Blue FHD (age rtd)	262,839	127,779	48.6	241	327,666	146,512	44.7	336
Yes	MSPLAN062010	M	No	3,4	02/25/2010				Simply Blue M (age rtd)	3,715		1,119	30.1	4,114	898	21.8	2
Yes	MSPLAN062010	N	No	3,4	02/25/2010				Simply Blue N (age rtd)	210,622	171,434	81.4	108	724,286	629,511	86.9	404
Yes	SC-A 3/03	A	No	3,4	02/19/2003			05/31/2010	Senior Plan A	106,707	90,284	84.6	61				
Yes	SC-C 3/03	C	No	3,4	02/19/2003			05/31/2010	Senior Plan C	5,134,944	3,945,080	76.8	1,640				
Yes	SC-F 3/03	F	No	3,4	02/19/2003			05/31/2010	Senior Plan F	7,349,191	5,017,966	68.3	2,081				
Yes	SC-J 3/03	J	No	3,4	02/19/2003			01/01/2007	Senior Plan J	2,749,363	2,015,160	73.3	691				
Yes	MSPLANA2003	A	No	3,4	02/28/2003			05/31/2010	Senior Blue Plan A (age rtd)	5,788	1,588	27.4	3				
Yes	MSPLANB2003	B	No	3,4	02/28/2003			05/31/2010	Senior Blue Plan B	14,414	5,651	39.2	5				
Yes	MSPLANC2003	C	No	3,4	02/28/2003			05/31/2010	Senior Blue Plan C	1,781,071	1,201,575	67.5	519				
Yes	MSPLANF2003	F	No	3,4	02/28/2003			05/31/2010	Senior Blue Plan F	3,361,485	2,143,362	63.8	933				
Yes	MSPLAN02003	G	No	3,4	02/28/2003			05/31/2010	Senior Blue Plan G	66,337	71,834	108.3	20				
Yes	MSPLANJ2003	J	No	3,4	02/28/2003			01/01/2007	Senior Blue Plan J	33,659	16,953	50.4	7				
Yes	SCP 9-1-90	P	No	3,4	10/09/1990			01/01/2006	Senior Care Plus	133,355	53,729	40.3	33				
Yes	SCG 9-1-90	P	No	3,4	10/09/1990			01/01/2006	Senior Care Gold	301,777	138,377	45.9	53				
Yes	MSPLANA062010	A	No	3,4	11/27/2013				Simply Blue Disabled Plan A					8,113	15,276	188.3	2
Yes	MSPLAN062010	C	No	3,4	11/27/2013				Simply Blue Disabled Plan C	4,931	9,386	190.3	1				
Yes	MSPLANF062010	F	No	3,4	11/27/2013				Simply Blue Disabled Plan F	455,978	551,043	120.8	83	857,261	1,368,778	159.7	174
Yes	MSHIGHDEDPLANF062010	F	No	3,4	11/27/2013				Simply Blue Disabled Plan FHD	31,558	83,231	263.7	13	126,368	86,060	68.1	67
Yes	MSPLAN062010	G	No	3,4	09/14/2017				Simply Blue Disabled Plan G					30,676	34,993	114.1	20
Yes	MSPLANM062010	M	No	3,4	11/27/2013				Simply Blue Disabled Plan M	4,193	1,677	40.0	1				
Yes	MSPLAN062010	N	No	3,4	11/27/2013				Simply Blue Disabled Plan N	35,330	29,971	84.8	9	120,936	188,491	155.9	35
0199999 Total Experience on Individual Policies										40,855,465	29,408,114	72.0	14,311	12,846,378	11,370,290	88.5	6,224
0299999 Total Experience on Group Policies																	

## GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 300 East Randolph Street, Chicago, IL 60601-5099
  - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address: 300 East Randolph, Chicago, IL 60601-5099
  - Contact Person and Phone Number: Tom Ellenwood (312)653-5998

**Medicare Supplement Ins. Exp. Exh. (continued)**

4. Explain any policies identified above as policy type "O":



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2018**  
**(To be filed by March 1)**  
**FOR THE STATE OF NEW MEXICO**

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Characteristics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018			
										11 Premiums Earned	12 Amount	13 Percent of Premiums Earned	14 Number of Covered Lives	15 Premiums Earned	16 Amount	17 Percent of Premiums Earned	18 Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
N/A	M297	P	No	4	12/31/1988		04/30/1990	06/30/1992	Senior Advantage	173,659	103,997	59.9	47				
N/A	M296	P	No	4	12/31/1988		04/30/1990	06/30/1992	Senior Preferred	58,069	29,274	50.4	14				
Yes	MSP.A2.MN, M568 (6/10)	A	No	2,3,4,6	07/01/1992				Plan A	76,685	57,439	74.9	35	4,037	18,570	460.0	2
Yes	MSP.B3.MN, M569 (6/10)	B	No	2,3,4,6	07/01/1992				Plan B	504,233	365,492	72.5	206	7,673	3,807	49.6	3
Yes	MSP.F4.MN, M570 (6/10)	F	No	2,3,4,6	07/01/1992				Plan F	11,248,861	8,115,567	72.1	3,959	3,050,946	3,002,467	98.4	1,343
Yes	81246.0110, NM81245 (6/10)	F	No	2,3,4,6	12/09/2009				Plan F High Deductible	441,609	302,640	68.5	576	277,523	183,440	66.1	394
Yes	MSP.I5.MN	I	No	2,3,4,6	07/01/1992			05/31/2010	Plan I	530,405	307,753	58.0	161				
Yes	NMN81249	N	No	2,3,4,6	05/04/2010				Plan N	543,635	496,522	91.3	275	307,341	248,415	80.8	179
0199999 Total Experience on Individual Policies										13,577,156	9,778,684	72.0	5,273	3,647,520	3,456,699	94.8	1,921
0299999 Total Experience on Group Policies																	

## GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details:
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - 2.1 Address: 300 East Randolph Street, Chicago IL 60601-5099
  - 2.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - 3.1 Address: 300 East Randolph, Chicago, IL 60601-5099
  - 3.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998
4. Explain any policies identified above as policy type "O":



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2018**  
**(To be filed by March 1)**  
**FOR THE STATE OF OKLAHOMA**

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015			Policies Issued in 2016, 2017, 2018				
										11	12	13	14	15	16	17	18
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Approval Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives
<b>Total Experience on Individual Policies</b>																	
Yes	4021-1	P	No		04/20/1990		06/30/1991	07/01/1992	Plan 1	36,453	20,353	55.8	15				
Yes	4021-2	P	No		04/20/1990		07/01/1992	07/01/1992	Plan 2	133,232	52,820	39.6	35				
Yes	4021-3	P	No		04/20/1990		07/01/1992	07/01/1992	Plan 3	1,006,898	518,624	51.5	273				
Yes	4021-4	P	No		04/20/1990		07/01/1992	07/01/1992	Plan 4	594,670	331,885	55.8	151				
Yes	4021-5	P	No		04/20/1990		07/01/1992	07/01/1992	Plan 5	155,860	61,912	39.7	37				
Yes	4021-7	P	No		04/20/1990		07/01/1992	07/01/1992	Plan 7	233,970	128,518	54.9	50				
Yes	7460-A, 71141.0210-Plan A	A	No	2.5	02/24/1992		05/15/1992		Plan A	596,523	749,124	125.6	310	151,973	697,173	458.7	179
Yes	7840-A, 71140.0210-MediPl	A	No	4.6	06/30/1994				Mediplan A	(176)							
Yes	7460-B	B	No	2.5	02/24/1992		05/15/1992	05/31/2010	Plan B	620,671	425,310	68.5	249				
Yes	7460-C	C	No	2.5	02/24/1992		05/15/1992	05/31/2010	Plan C	1,701,068	1,278,664	75.2	539				
Yes	7460-D	D	No	2.5	02/24/1992		05/15/1992	05/31/2010	Plan D	2,516,861	2,097,173	83.3	840				
Yes	7460-E	E	No	2.5	02/24/1992		05/15/1992	05/31/2010	Plan E	277,791	179,271	64.5	104				
Yes	7460-F, 71142.0210-Plan F	F	No	2.5	02/24/1992		05/15/1992		Plan F	92,488,375	73,951,621	80.0	35,446	15,837,316	13,330,725	84.2	8,428
Yes	7300, 71144.0210-Plan F S	F	Yes	2.5	01/30/1996				Blue Plan 65 Select	7,287,994	6,413,005	88.0	3,015	870,663	718,262	82.5	511
Yes	7320, 71143.0210-Plan F-H	F	Yes	2.5	11/30/1998				Plan F High Deductible	3,629,594	4,369,085	120.4	6,947	850,191	784,556	92.3	2,097
Yes	7460-G	G	No	2.5	02/24/1992		05/15/1992	05/31/2010	Plan G	1,175,804	769,927	65.5	431				
Yes	7460-H	H	No	2.4	02/24/1992		05/15/1992	05/31/2010	Plan H	36,060	13,974	38.8	10				
Yes	7460-I	I	No	2.4	02/24/1992		05/15/1992	05/31/2010	Plan I	311,144	188,920	60.7	81				
Yes	7460-J	J	No	2.4	02/24/1992		05/15/1992	05/31/2010	Plan J	2,004,535	1,160,876	57.9	488				
Yes	4900-K	K	No	2.5	08/25/2005				Plan K	38,524	8,121	21.1	23				
Yes	4901-L	L	No	2.5	08/25/2005				Plan L	3,541	2,079	58.7	2				
Yes	71145.0210-Plan N	N	No	2.3,4	04/01/2010				Plan N	2,638,084	2,228,896	84.5	1,489	1,447,487	1,164,182	80.4	1,018
Yes	71146.0210-Plan N Select	N	Yes	2.3,4	04/01/2010				Plan N Select	261,420	264,599	101.2	165	102,730	82,305	80.1	80
0199999 Total Experience on Individual Policies										117,749,072	95,214,581	80.9	50,700	19,260,360	16,777,203	87.1	12,313
0299999 Total Experience on Group Policies																	

## GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 300 East Randolph Street, Chicago IL 60601-5099
  - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address: 300 East Randolph, Chicago, IL 60601-5099
  - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Explain any policies identified above as policy type "O".



**MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT**  
**For The Year Ended DECEMBER 31, 2018**  
**(To be filed by March 1)**  
**FOR THE STATE OF TEXAS**

NAIC Group Code: 0917

NAIC Company Code: 70670

Address (City, State and Zip Code): Chicago, IL 60601-5099

Person Completing This Exhibit: Kathryn Hedke

Title: Actuary

Telephone Number: (312)653-5702

1	2	3	4	5	6	7	8	9	10	Policies Issued Through 2015				Policies Issued in 2016, 2017, 2018				
										11	12	13	14	15	16	17	18	
Compliance with OBRA	Policy Form Number	Standardized Medicare Supplement Benefit Plan	Medicare Select	Plan Characteristics	Date Approved	Date Withdrawn	Date Last Amended	Date Closed	Policy Marketing Trade Name	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	Premiums Earned	Amount	Percent of Premiums Earned	Number of Covered Lives	
<b>Total Experience on Individual Policies</b>																		
Yes	MSP(A)-1, UWMSP(A)-2010	A	No	2,5,6	09/16/1992				Medicare Supp Policy A	676,568	488,236	72.2	137	521,175	541,315	103.9	128	
Yes	MSP(C)-1	C	No	2,5	04/29/1996				Medicare Supp Policy C	860,415	611,722	71.1	257					
Yes	MSP(D)-1	D	No	2,5	09/16/1992				Medicare Supp Policy D	7,647,913	5,289,976	69.2	2,216					
Yes	MSP(F)-1, UWMSP(F)-2010	F	No	2,5					Medicare Supp Policy F	243,639,442	182,813,455	75.0	89,601	77,410,053	63,349,446	81.8	37,941	
Yes	UWMSP(F-HD)-2010	F	No	2,3,4					Medicare Supp Policy F High Deductible	6,523,045	4,014,816	61.5	7,550	3,588,650	2,079,807	58.0	4,741	
Yes	UWMSP(G), UWMSP(G)-2010	G	No	2,3,4	02/16/2007				Medicare Supplement Plan G	6,723,577	5,248,157	78.1	2,758	8,435,032	6,711,787	79.6	4,842	
Yes	MSP(K)-1, UWMSP(K)-2010	K	No	2,5,6	11/10/2005				Medicare Supp Policy K	309,813	123,832	40.0	210	40,575	9,566	23.6	35	
Yes	MSP(L)-1, UWMSP(L)-2010	L	No	2,5,6	11/10/2005				Medicare Supp Policy L	279,867	158,155	56.5	132	34,319	30,001	87.4	18	
Yes	UWMSP(N)-2010	N	No	2,3,4	12/10/2009				Medicare Supplement Plan N	14,860,565	11,040,325	74.3	7,403	11,409,995	8,272,273	72.5	6,483	
N/A	SCS-MS-3	P	No	2,5	03/16/1990				Special Companion Service	574,514	480,073	83.6	166					
N/A	STCS-MS-3	P	No	2,5	03/16/1990				Special Companion Service	54,980	78,991	143.7	17					
Yes	UWMSP-SEL(D)	D	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan D	2,129	2,029	95.3	1					
Yes	UWMSP-SEL(F), UWMSP-SEL(F)	F	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan F	990,141	851,819	86.0	444	376,421	358,588	95.3	202	
Yes	UWMSP-SEL(G), UWMSP-SEL(G)	G	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan G	110,650	95,934	86.7	50	95,756	78,646	82.1	51	
Yes	UWMSP-SEL(K), UWMSP-SEL(K)	K	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan K	4,994	2,579	51.6	4	1,478	129	8.7	1	
Yes	UWMSP-SEL(L), UWMSP-SEL(L)	L	Yes	2,3,4	10/24/2007				Medicare Supplement Select Plan L	1,410	715	50.7	1	88	368	418.2		
Yes	UWMSP-SEL(N)-2010	N	Yes	2,3,4	12/10/2009				Medicare Supplement Select Plan N	145,086	142,813	98.4	83	93,105	98,035	105.3	65	
N/A	ST-II(B)-1	P	No	2,5	02/08/1991				Senior Texan II Basic	34,164	67,548	197.7	19					
N/A	ST-II(P)-1	P	No	2,5	02/08/1991				Senior Texan II Plus	114,105	77,499	67.9	52					
0199999 Total Experience on Individual Policies										283,553,378	211,588,674	74.6	111,101	102,006,647	81,529,961	79.9	54,507	
<b>Total Experience on Group Policies</b>																		
Yes	CMS-CB-MS-C-0610	C	No	3,5	03/12/2010				Medicare Supp Policy C					400,767	344,620	86.0	149	
Yes	CMS-CB-MS-F-0610	F	No	3,5	03/12/2010				Medicare Supp Policy F					295,303	271,176	91.8	109	
Yes	CMS-CB-MS-G-0610	G	No	3,5	03/12/2010				Medicare Supp Policy G					171,088	117,258	68.5	107	
0299999 Total Experience on Group Policies															867,158	733,054	84.5	365

## GENERAL INTERROGATORIES

- If response in Column 1 is no, give full and complete details:
- Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.
  - Address: 300 East Randolph Street, Chicago, IL 60601-5099
  - Contact Person and Phone Number: Tom Ellenwood (312)653-5998
- Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B)
  - Address: 300 East Randolph, Chicago, IL 60601-5099

**Medicare Supplement Ins. Exp. Exh. (continued)**

3.2 Contact Person and Phone Number: Tom Ellenwood (312)653-5998

4. Explain any policies identified above as policy type "O":



# Medicare Part D Coverage Supplement

## (Net of Reinsurance)

NAIC Group Code: 0917

(To be Filed By March 1)

NAIC Company Code: 70670

		Individual Coverage		Group Coverage		5 Total Cash
		1 Insured	2 Uninsured	3 Insured	4 Uninsured	
1.	Premiums Collected					
1.1	Standard Coverage					
1.11	With Reinsurance Coverage	6,165,391	XXX		XXX	6,165,391
1.12	Without Reinsurance Coverage		XXX		XXX	
1.13	Risk-Corridor Payment Adjustments	57,889	XXX		XXX	57,889
1.2	Supplemental Benefits	190,074	XXX		XXX	190,074
2.	Premiums Due and Uncollected - change					
2.1	Standard Coverage					
2.11	With Reinsurance Coverage	60,321	XXX		XXX	XXX
2.12	Without Reinsurance Coverage		XXX		XXX	XXX
2.2	Supplemental Benefits	(10,173)	XXX		XXX	XXX
3.	Unearned Premium and Advance Premium - change					
3.1	Standard Coverage					
3.11	With Reinsurance Coverage	(10,995)	XXX		XXX	XXX
3.12	Without Reinsurance Coverage		XXX		XXX	XXX
3.2	Supplemental Benefits		XXX		XXX	XXX
4.	Risk-Corridor Payment Adjustments - change					
4.1	Receivable	(596,225)	XXX		XXX	XXX
4.2	Payable	26,070	XXX		XXX	XXX
5.	Earned Premiums					
5.1	Standard Coverage					
5.11	With Reinsurance Coverage	6,236,707	XXX		XXX	XXX
5.12	Without Reinsurance Coverage		XXX		XXX	XXX
5.13	Risk-Corridor Payment Adjustments	(512,267)	XXX		XXX	XXX
5.2	Supplemental Benefits	179,901	XXX		XXX	XXX
6.	TOTAL Premiums	5,904,341	XXX		XXX	6,413,353
7.	Claims Paid					
7.1	Standard Coverage					
7.11	With Reinsurance Coverage	5,063,431	XXX		XXX	5,063,431
7.12	Without Reinsurance Coverage		XXX		XXX	
7.2	Supplemental Benefits	74,216	XXX		XXX	74,216
8.	Claim Reserves and Liabilities - change					
8.1	Standard Coverage					
8.11	With Reinsurance Coverage		XXX		XXX	XXX
8.12	Without Reinsurance Coverage		XXX		XXX	XXX
8.2	Supplemental Benefits		XXX		XXX	XXX
9.	Healthcare Receivables - change					
9.1	Standard Coverage					
9.11	With Reinsurance Coverage	256,841	XXX		XXX	XXX
9.12	Without Reinsurance Coverage		XXX		XXX	XXX
9.2	Supplemental Benefits	(6,083)	XXX		XXX	XXX
10.	Claims Incurred					
10.1	Standard Coverage					
10.11	With Reinsurance Coverage	4,806,590	XXX		XXX	XXX
10.12	Without Reinsurance Coverage		XXX		XXX	XXX
10.2	Supplemental Benefits	80,300	XXX		XXX	XXX
11.	TOTAL Claims	4,886,890	XXX		XXX	5,137,648
12.	Reinsurance Coverage and Low Income Cost Sharing					
12.1	Claims Paid - Net of reimbursements applied	XXX	(1,145,824)	XXX		(1,145,824)
12.2	Reimbursements Received but Not Applied - change	XXX	(5,426)	XXX		(5,426)
12.3	Reimbursements Receivable - change	XXX	2,433,085	XXX		XXX
12.4	Healthcare Receivables - change	XXX	535,910	XXX		XXX
13.	Aggregate Policy Reserves - change					
14.	Expenses Paid	2,631,437	XXX		XXX	2,631,437
15.	Expenses Incurred	2,711,532	XXX		XXX	XXX
16.	Underwriting Gain/Loss	(1,694,080)	XXX		XXX	XXX
17.	Cash Flow Result	XXX	XXX	XXX	XXX	(215,332)



## LIFE SUPPLEMENTS

**For the Year Ended December 31, 2018**

**To Be Filed By March 1**

Of The \_\_\_\_\_ **Health Care Service Corporation, a Mutual Legal Reserve Company** \_\_\_\_\_ Insurance Company

Address (City, State and Zip Code) \_\_\_\_\_ **Chicago, IL 60601-5099** \_\_\_\_\_

NAIC Group Code \_\_\_\_\_ **0917** \_\_\_\_\_ NAIC Company Code \_\_\_\_\_ **70670** \_\_\_\_\_ Employer's ID Number \_\_\_\_\_ **36-1236610** \_\_\_\_\_

**EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS**

1 Valuation Standard	2 Total	3 Industrial	4 Ordinary	5 Credit (Group and Individual)	6 Group
0199998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0199999 Totals - (Net) .....	.....	.....	.....	.....	.....
0299998 Reinsurance Ceded .....	.....	.....	XXX .....	XXX .....	.....
0299999 Totals - (Net) .....	.....	.....	XXX .....	XXX .....	.....
0399998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0399999 Totals - (Net) .....	.....	.....	.....	.....	.....
0499998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0499999 Totals - (Net) .....	.....	.....	.....	.....	.....
0599998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0599999 Totals - (Net) .....	.....	.....	.....	.....	.....
0699998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0699999 Totals - (Net) .....	.....	.....	.....	.....	.....
0799997 Subtotal - Miscellaneous Reserves (Gross) .....	.....	.....	.....	.....	.....
0799998 Reinsurance Ceded .....	.....	.....	.....	.....	.....
0799999 Totals - (Net) .....	.....	.....	.....	.....	.....
9999999 Totals - (Net) -Page 3, Line 1 .....	.....	.....	.....	.....	.....

**EXHIBIT 5 - INTERROGATORIES**

1.1 Has the reporting entity ever issued both participating and non-participating contracts?	Yes[ ] No[X]
1.2 If not, state which kind is issued:	
2.1 Does the reporting entity at present issue both participating and non-participating contracts?	Yes[ ] No[X]
2.2 If not, state which kind is issued:	
3. Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? If so, attach a statement that contains the determination procedures, answers to the interrogatories and an actuarial opinion as described in the instructions.	Yes[ ] No[X]
4. Has the reporting entity any assessment or stipulated premium contracts in force? If so, state:	Yes[ ] No[X]
4.1 Amount of insurance:	\$..... 0
4.2 Amount of reserve:	\$..... 0
4.3 Basis of reserve	
4.4 Basis of regular assessments	
4.5 Basis of special assessments	
4.6 Assessments collected during the year	\$..... 0
5. If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts	
6. Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? 6.1 If so, state the amount of reserve on such contracts on the basis actually held:	Yes[ ] No[X]
6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1, and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: Attach statement of methods employed in their valuation.	\$..... 0
6.3 State the amount of reserves established for this business:	\$..... 0
7. Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements:	Yes[ ] No[X]
7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount	\$..... 0
7.3 State the amount of reserves established for this business:	\$..... 0
7.4 Identify where the reserves are reported in the blank	
8. Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements:	Yes[ ] No[X]
8.2 State the amount of reserves established for this business:	\$..... 0
8.3 Identify where the reserves are reported in the blank:	\$..... 0
9. Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders:	Yes[ ] No[X]
9.2 State the amount of reserves established for this business:	\$..... 0
9.3 Identify where the reserves are reported in the blank:	\$..... 0

## EXHIBIT 7 - DEPOSIT-TYPE CONTRACTS

	1 Total	2 Guaranteed Interest Contracts	3 Annuities Certain	4 Supplemental Contracts	5 Dividend Accumulations or Refunds	6 Premium and Other Deposit Funds
1. Balance at the beginning of the year before reinsurance .....	.....	.....	.....	.....	.....	.....
2. Deposits received during the year .....	.....	.....	.....	.....	.....	.....
3. Investment earnings credited to the account .....	.....	.....	.....	.....	.....	.....
4. Other net change in reserves .....	.....	.....	.....	.....	.....	.....
5. Fees and other charges assessed .....	.....	.....	.....	.....	.....	.....
6. Surrender charges .....	.....	.....	.....	.....	.....	.....
7. Net surrender or withdrawal payments .....	.....	.....	.....	.....	.....	.....
8. Other net transfers to or (from) Separate Accounts .....	.....	.....	.....	.....	.....	.....
9. Balance at the end of current year before reinsurance (Lines 1 + 2 + 3 + 4 - 5 - 6 - 7 - 8) .....	.....	.....	.....	.....	.....	.....
10. Reinsurance balance at the beginning of the year .....	.....	.....	.....	.....	.....	.....
11. Net change in reinsurance assumed .....	.....	.....	.....	.....	.....	.....
12. Net change in reinsurance ceded .....	.....	.....	.....	.....	.....	.....
13. Reinsurance balance at the end of the year (Lines 10 + 11 - 12) .....	.....	.....	.....	.....	.....	.....
14. Net balance at the end of current year after reinsurance (Lines 9 + 13) .....	.....	.....	.....	.....	.....	.....

**SCHEDULE S - PART 1 - SECTION 1****Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities****Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Amount of In force at End of Year	9 Reserve	10 Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
1199999 Total - General Account .....												
2299999 Total - Separate Accounts .....												
2399999 Total U.S. (Sum of 0399999, 0899999, 1499999 and 1999999) .....												
2499999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) .....												
9999999 Total (Sum of 1199999 and 2299999) .....												

**SCHEDULE S - PART 3 - SECTION 1****Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability  
Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year**

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domiciliary Jurisdiction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Amount in Force at End of Year	Reserve Credit Taken		11 Premiums	Outstanding Surplus Relief		14 Modified Coinsurance Reserve	15 Funds Withheld Under Coinsurance
								9 Current Year	10 Prior Year		12 Current Year	13 Prior Year		
			6999999 Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3799999, 4299999, 4899999, 5399999, 5999999 and 6499999) .....											
			7099999 Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 4099999, 4399999, 5199999, 5499999, 6299999 and 6599999) .....											
			9999999 Total (Sum of 3499999 and 6899999) .....											



## DIRECT BUSINESS IN THE STATE OF ALASKA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total				
1. Life Insurance													
2. Annuity considerations													
3. Deposit-type contract funds			XXX						XXX				
4. Other considerations													
5. TOTALS (sum of Lines 1 to 4)													
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>													
<b>Life Insurance:</b>													
6.1 Paid in cash or left on deposit													
6.2 Applied to pay renewal premiums													
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period													
6.4 Other													
6.5 TOTALS (sum of Lines 6.1 to 6.4)													
<b>Annuities:</b>													
7.1 Paid in cash or left on deposit													
7.2 Applied to provide paid-up annuities													
7.3 Other													
7.4 TOTALS (sum of Lines 7.1 to 7.3)													
8. GRAND TOTALS (Lines 6.5 plus 7.4)													
<b>DIRECT CLAIMS AND BENEFITS PAID</b>													
9. Death benefits													
10. Matured endowments													
11. Annuity benefits													
12. Surrender values and withdrawals for life contracts													
13. Aggregate write-ins for miscellaneous direct claims and benefits paid													
14. All other benefits, except accident and health													
15. TOTALS													
<b>DETAILS OF WRITE-INS</b>													
1301.													
1302.													
1303.													
1398. Summary of remaining write-ins for Line 13 from overflow page													
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)													
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total				
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount			
16. Unpaid December 31, prior year													
17. Incurred during current year													
18.1 Settled during current year: By payment in full													
18.2 By payment on compromised claims													
18.3 TOTALS Paid													
18.4 Reduction by compromise													
18.5 Amount rejected													
18.6 TOTAL Settlements													
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)													
<b>POLICY EXHIBIT</b>													
20. In force December 31, prior year													
21. Issued during year													
22. Other changes to in force (Net)													
23. In force December 31 of current year													

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			4,152,235	4,060,554		5,110,859	4,978,719
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			20,775	20,775		51,571	53,357
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)						(16,427)	(16,412)
25.6 TOTALS (sum of Lines 25.1 to 25.5)			20,775	20,775		35,144	36,945
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			4,173,010	4,081,329		5,146,003	5,015,664

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....733 and number of persons insured under indemnity only products .....20.



## DIRECT BUSINESS IN THE STATE OF ARIZONA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		4,120,177		4,120,177		4,690,042	4,775,258
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		368,719		368,719		601,498	576,121
25.6 TOTALS (sum of Lines 25.1 to 25.5)		4,488,896		4,488,896		5,291,540	5,351,379
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,488,896		4,488,896		5,291,540	5,351,379

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....103 and number of persons insured under indemnity only products .....1,956.



## DIRECT BUSINESS IN THE STATE OF ARKANSAS

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			29,741,148	29,746,129			20,562,807
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			594,763	594,763			751,073
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			25,301	25,301			185,788
25.6 TOTALS (sum of Lines 25.1 to 25.5)			620,064	620,064			936,861
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			30,361,212	30,366,193			21,499,668

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6,416 and number of persons insured under indemnity only products .....349.



## DIRECT BUSINESS IN THE STATE OF COLORADO

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		1,350,708		1,350,708			1,631,529
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		280,631		280,631		547,185	576,363
25.6 TOTALS (sum of Lines 25.1 to 25.5)		1,631,339		1,631,339		2,178,714	2,241,657
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,631,339		1,631,339		2,178,714	2,241,657

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....102 and number of persons insured under indemnity only products .....709.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF CONNECTICUT

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		133,771		133,771			97,375
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		6,012		6,012		10,875	6,843
25.6 TOTALS (sum of Lines 25.1 to 25.5)		139,783		139,783		108,250	102,051
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		139,783		139,783		108,250	102,051

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....14 and number of persons insured under indemnity only products .....45.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF DELAWARE

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			4,135,834	4,124,623		3,155,985
24.1 Federal Employees Health Benefits Plan Premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively Renewable Policies (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)			36,616	36,616		67,872
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)			7,676	7,676		2,065
25.6 TOTALS (sum of Lines 25.1 to 25.5)			44,292	44,292		69,937
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			4,180,126	4,168,915		3,225,922
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....773 and number of persons insured under indemnity only products .....25.						



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)								
24.1 Federal Employees Health Benefits Plan Premium (b)								
24.2 Credit (Group and Individual)								
24.3 Collectively Renewable Policies (b)								
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies								
25.1 Non-cancelable (b)								
25.2 Guaranteed renewable (b)		32,146		32,146			36,041	35,663
25.3 Non-renewable for stated reasons only (b)								
25.4 Other accident only								
25.5 All other (b)		44,969		44,969			14,883	13,590
25.6 TOTALS (sum of Lines 25.1 to 25.5)		77,115		77,115			50,924	49,253
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		77,115		77,115			50,924	49,253

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....7.



## DIRECT BUSINESS IN THE STATE OF FLORIDA

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			113,943,430	113,406,288		103,761,074	104,113,158
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			11,807,232	11,807,232		11,813,602	11,974,407
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			1,082,913	1,082,913		1,606,788	1,638,114
25.6 TOTALS (sum of Lines 25.1 to 25.5)			12,890,145	12,890,145		13,420,390	13,612,521
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			126,833,575	126,296,433		117,181,464	117,725,679

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....20,458 and number of persons insured under indemnity only products .....4,940.



## DIRECT BUSINESS IN THE STATE OF GEORGIA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		920,880		920,880		1,142,298	1,155,847
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		66,460		66,460		104,873	82,715
25.6 TOTALS (sum of Lines 25.1 to 25.5)		987,340		987,340		1,247,171	1,238,562
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		987,340		987,340		1,247,171	1,238,562

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....24 and number of persons insured under indemnity only products .....468.



## DIRECT BUSINESS IN THE STATE OF IDAHO

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		219,657		219,657			201,107
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		16,368		16,368			70,518
25.6 TOTALS (sum of Lines 25.1 to 25.5)		236,025		236,025			271,625
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		236,025		236,025			260,245

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....20 and number of persons insured under indemnity only products .....140.



## DIRECT BUSINESS IN THE STATE OF ILLINOIS

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			5,926,726,130	6,029,649,861		5,135,986,901	5,057,722,751
24.1 Federal Employees Health Benefits Plan Premium (b)			1,123,483,262	1,149,709,043		1,044,563,442	1,065,991,869
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies			265,816,326	244,269,946		240,320,633	235,524,054
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			986,665,378	981,500,265		774,106,460	781,430,648
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			1,803,671,491	1,815,454,985		1,251,646,016	1,234,759,371
25.6 TOTALS (sum of Lines 25.1 to 25.5)			2,790,336,869	2,796,955,250		2,025,752,476	2,016,190,019
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			10,106,362,587	10,220,584,100		8,446,623,452	8,375,428,693

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,252,979 and number of persons insured under indemnity only products .....372,046.

DIRECT BUSINESS IN THE STATE OF **INDIANA**

NAIC Group Code: 0917

**LIFE INSURANCE**

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. <b>TOTALS</b> (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 <b>TOTALS</b> (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 <b>TOTALS</b> (sum of Lines 7.1 to 7.3)										
8. <b>GRAND TOTALS</b> (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. <b>TOTALS</b>										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. <b>TOTALS</b> (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 <b>TOTALS Paid</b>										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 <b>TOTAL Settlements</b>										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)	1,709,962	1,709,962			1,028,030
24.1 Federal Employees Health Benefits Plan Premium (b)					850,354
24.2 Credit (Group and Individual)					
24.3 Collectively Renewable Policies (b)					
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	3,187,265	3,187,265			3,474,490
25.3 Non-renewable for stated reasons only (b)					3,526,197
25.4 Other accident only					
25.5 All other (b)	484,991	484,991			1,450,647
25.6 <b>TOTALS</b> (sum of Lines 25.1 to 25.5)	3,672,256	3,672,256			4,903,094
26. <b>TOTALS</b> (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	5,382,218	5,382,218			5,753,448

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....108 and number of persons insured under indemnity only products .....1,272.



## DIRECT BUSINESS IN THE STATE OF KENTUCKY

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			21,777,489	21,884,341		19,236,924	19,209,427
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			541,527	541,527		574,765	585,676
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			28,073	28,073		33,238	26,362
25.6 TOTALS (sum of Lines 25.1 to 25.5)			569,600	569,600		608,003	612,038
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			22,347,089	22,453,941		19,844,927	19,821,465

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....4,939 and number of persons insured under indemnity only products .....267.



## DIRECT BUSINESS IN THE STATE OF MAINE

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		65,353		65,353			82,292
25.3 Non-renewable for stated reasons only (b)							87,233
25.4 Other accident only							
25.5 All other (b)		21,770		21,770			3,931
25.6 TOTALS (sum of Lines 25.1 to 25.5)		87,123		87,123			91,232
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		87,123		87,123			86,223
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....5 and number of persons insured under indemnity only products .....28.							91,232



70670201820621100

2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF MARYLAND

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life Insurance .....						
2. Annuity considerations .....			XXX		XXX	
3. Deposit-type contract funds .....						
4. Other considerations .....						
5. TOTALS (sum of Lines 1 to 4) .....						
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>						
<b>Life Insurance:</b>						
6.1 Paid in cash or left on deposit .....						
6.2 Applied to pay renewal premiums .....						
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period .....						
6.4 Other .....						
6.5 TOTALS (sum of Lines 6.1 to 6.4) .....						
<b>Annuities:</b>						
7.1 Paid in cash or left on deposit .....						
7.2 Applied to provide paid-up annuities .....						
7.3 Other .....						
7.4 TOTALS (sum of Lines 7.1 to 7.3) .....						
8. GRAND TOTALS (Lines 6.5 plus 7.4) .....						
<b>DIRECT CLAIMS AND BENEFITS PAID</b>						
9. Death benefits .....						
10. Matured endowments .....						
11. Annuity benefits .....						
12. Surrender values and withdrawals for life contracts .....						
13. Aggregate write-ins for miscellaneous direct claims and benefits paid .....						
14. All other benefits, except accident and health .....						
15. TOTALS .....						

## DETAILS OF WRITE-INS

1301. ....	.....	.....	.....	.....	.....
1302. ....	.....	.....	.....	.....	.....
1303. ....	.....	.....	.....	.....	.....
1398. Summary of remaining write-ins for Line 13 from overflow page .....	.....	.....	.....	.....	.....
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above) .....	.....	.....	.....	.....	.....

	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1	2	3 No. of Ind.Pols & Group Certifs.	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount		Amount	No. of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year .....		.....		.....		.....		.....		.....
17. Incurred during current year .....		.....		.....		.....		.....		.....
Settled during current year:										
18.1 By payment in full .....		.....		.....		.....		.....		.....
18.2 By payment on compromised claims .....		.....		.....		.....		.....		.....
18.3   TOTALS Paid .....		.....		.....		.....		.....		.....
18.4 Reduction by compromise .....		.....		.....		.....		.....		.....
18.5 Amount rejected .....		.....		.....		.....		.....		.....
18.6   TOTAL Settlements .....		.....		.....		.....		.....		.....
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6) .....		.....		.....		.....		.....		.....
POLICY EXHIBIT					No. of Policies					
20. In force December 31, prior year .....		.....		(a) .....		.....		.....		.....

21. Issued during year ..... ( )

3. In force December 31 of current year ..... (a) .....

## ACCIDENT AND HEALTH INSURANCE

		1	2	3	4	5
		Direct Premiums	Direct Premiums Earned	Dividends Paid Or Credited On Direct Business	Direct Losses Paid	Direct Losses Incurred
24.	Group Policies (b) .....	10,882,965	11,057,364		7,086,871	7,118,775
24.1	Federal Employees Health Benefits Plan Premium (b) .....					
24.2	Credit (Group and Individual) .....					
24.3	Collectively Renewable Policies (b) .....					
24.4	Medicare Title XVIII exempt from state taxes or fees Other Individual Policies					
25.1	Non-cancelable (b) .....					
25.2	Guaranteed renewable (b) .....	326,188	326,188		349,286	351,640
25.3	Non-renewable for stated reasons only (b) .....					
25.4	Other accident only .....					
25.5	All other (b) .....	32,804	32,804		11,731	7,626
25.6	TOTALS (sum of Lines 25.1 to 25.5) .....	358,992	358,992		361,017	359,266
26.	TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	11,241,957	11,416,356		7,447,888	7,478,041

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products ..... 1,836 and number of persons insured under indemnity only products 161



## DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Number	Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			1	2	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)								
24.1 Federal Employees Health Benefits Plan Premium (b)								
24.2 Credit (Group and Individual)								
24.3 Collectively Renewable Policies (b)								
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies								
25.1 Non-cancelable (b)								
25.2 Guaranteed renewable (b)		203,539		203,539			239,564	241,374
25.3 Non-renewable for stated reasons only (b)								
25.4 Other accident only								
25.5 All other (b)		94,434		94,434			15,970	(1,334)
25.6 TOTALS (sum of Lines 25.1 to 25.5)		297,973		297,973			255,534	240,040
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		297,973		297,973			255,534	240,040

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....78.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF MICHIGAN

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		1,279,788		1,279,788			1,251,025
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		121,322		121,322			220,366
25.6 TOTALS (sum of Lines 25.1 to 25.5)		1,401,110		1,401,110			1,471,391
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,401,110		1,401,110			1,508,066

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....29 and number of persons insured under indemnity only products .....598.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF MINNESOTA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			48,893,016	48,887,112		46,298,326
24.1 Federal Employees Health Benefits Plan Premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively Renewable Policies (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)			565,551	565,551		506,630
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)			63,087	63,087		48,121
25.6 TOTALS (sum of Lines 25.1 to 25.5)			628,638	628,638		554,751
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			49,521,654	49,515,750		46,853,077
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....9,483 and number of persons insured under indemnity only products .....247.						



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF MISSOURI

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		1,758,118		1,758,118		2,119,716	2,108,799
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		113,570		113,570		632,252	705,083
25.6 TOTALS (sum of Lines 25.1 to 25.5)		1,871,688		1,871,688		2,751,968	2,813,882
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,871,688		1,871,688		2,751,968	2,813,882

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....52 and number of persons insured under indemnity only products .....716.



## DIRECT BUSINESS IN THE STATE OF MONTANA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			289,527,405	283,484,362		234,213,938	233,588,697
24.1 Federal Employees Health Benefits Plan Premium (b)			202,944,156	204,692,599		185,124,745	187,219,917
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies			187,799,333	169,847,963		166,096,681	164,852,696
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			54,934,974	53,802,641		38,163,312	38,291,992
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			167,901,951	153,331,814		116,208,301	114,532,051
25.6 TOTALS (sum of Lines 25.1 to 25.5)			222,836,925	207,134,455		154,371,613	152,824,043
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			903,107,819	865,159,379		739,806,977	738,485,353

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....95,125 and number of persons insured under indemnity only products .....19,909.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF NEBRASKA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			2,721,022	2,753,864			2,749,286
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		98,465	98,465			114,901	112,010
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)						76,798	75,907
25.6 TOTALS (sum of Lines 25.1 to 25.5)		98,465	98,465			191,699	187,917
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		2,819,487	2,852,329			2,940,985	2,951,318

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....561 and number of persons insured under indemnity only products .....46.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF NEVADA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			25,306,980	25,781,285		18,919,679
24.1 Federal Employees Health Benefits Plan Premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively Renewable Policies (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)			786,338	786,338		1,557,663
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)			251,649	251,649		291,713
25.6 TOTALS (sum of Lines 25.1 to 25.5)			1,037,987	1,037,987		1,849,376
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			26,344,967	26,819,272		20,769,055

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....4,679 and number of persons insured under indemnity only products .....431.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			6,883,200	6,809,666		8,861,598	8,740,520
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		74,839	74,839			70,747	69,416
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)						8,177	9,123
25.6 TOTALS (sum of Lines 25.1 to 25.5)		74,839	74,839			78,924	78,539
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		6,958,039	6,884,505			8,940,522	8,819,059

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,384 and number of persons insured under indemnity only products .....34.



## DIRECT BUSINESS IN THE STATE OF NEW JERSEY

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		209,623		209,623		260,455	262,375
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		19,825		19,825		46,542	36,959
25.6 TOTALS (sum of Lines 25.1 to 25.5)		229,448		229,448		306,997	299,334
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		229,448		229,448		306,997	299,334

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....6 and number of persons insured under indemnity only products .....81.



## DIRECT BUSINESS IN THE STATE OF NEW MEXICO

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			251,140,590	257,750,205		209,872,682	208,068,681
24.1 Federal Employees Health Benefits Plan Premium (b)			268,992,361	272,361,531		248,700,052	251,818,411
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies			15,487,482	13,454,697		13,701,615	12,920,212
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			16,679,051	16,628,280		12,065,895	12,192,250
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			3,004,261	1,855,644		1,814,182	1,687,843
25.6 TOTALS (sum of Lines 25.1 to 25.5)			19,683,311	18,483,924		13,880,077	13,880,093
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			555,303,744	562,050,358		486,154,426	486,687,397

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....82,754 and number of persons insured under indemnity only products .....8,265.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF OHIO

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		677,251		677,251		757,239	770,690
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		62,291		62,291		59,056	42,562
25.6 TOTALS (sum of Lines 25.1 to 25.5)		739,542		739,542		816,295	813,252
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		739,542		739,542		816,295	813,252

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....13 and number of persons insured under indemnity only products .....278.



## DIRECT BUSINESS IN THE STATE OF OKLAHOMA

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			1,147,412,458	1,128,583,446		816,989,726	803,677,338
24.1 Federal Employees Health Benefits Plan Premium (b)			721,186,508	724,354,315		660,549,376	666,101,801
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies			2,765,308	791,560		3,173,460	(2,570,724)
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			133,990,048	134,158,062		105,546,548	105,890,234
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			1,115,713,476	1,152,835,293		778,423,842	784,876,478
25.6 TOTALS (sum of Lines 25.1 to 25.5)			1,249,703,524	1,286,993,355		883,970,390	890,766,712
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			3,121,067,798	3,140,722,675		2,364,682,952	2,357,975,127

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....472,868 and number of persons insured under indemnity only products .....61,160.



## DIRECT BUSINESS IN THE STATE OF OREGON

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		302,374		302,374			380,434
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		14,677		14,677		48,575	49,311
25.6 TOTALS (sum of Lines 25.1 to 25.5)		317,051		317,051		428,398	429,745
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		317,051		317,051		428,398	429,745

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....13 and number of persons insured under indemnity only products .....210.



## DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Number	Amount	Credit Life (Group and Individual)		Group		Industrial		Total		
			1	2	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			591,461	591,461		351,699	924,230
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		402,395	402,395			477,956	478,633
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		42,533	42,533			54,765	51,670
25.6 TOTALS (sum of Lines 25.1 to 25.5)		444,928	444,928			532,721	530,303
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		1,036,389	1,036,389			884,420	1,454,533

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....10 and number of persons insured under indemnity only products .....169.



2018

Document Code: 206

DIRECT BUSINESS IN THE STATE OF **SOUTH CAROLINA**

NAIC Group Code: 0917

**LIFE INSURANCE**

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. <b>TOTALS</b> (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 <b>TOTALS</b> (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 <b>TOTALS</b> (sum of Lines 7.1 to 7.3)										
8. <b>GRAND TOTALS</b> (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. <b>TOTALS</b>										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. <b>TOTALS</b> (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary	Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 <b>TOTALS Paid</b>										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 <b>TOTAL Settlements</b>										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

	1 Direct Premiums	2 Direct Premiums Earned		3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred					
	24. Group Policies (b)	24.1 Federal Employees Health Benefits Plan Premium (b)	24.2 Credit (Group and Individual)	24.3 Collectively Renewable Policies (b)	24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies	25.1 Non-cancelable (b)	25.2 Guaranteed renewable (b)	25.3 Non-renewable for stated reasons only (b)	25.4 Other accident only	25.5 All other (b)	25.6 <b>TOTALS</b> (sum of Lines 25.1 to 25.5)
24. Group Policies (b)											
24.1 Federal Employees Health Benefits Plan Premium (b)											
24.2 Credit (Group and Individual)											
24.3 Collectively Renewable Policies (b)											
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies											
25.1 Non-cancelable (b)											
25.2 Guaranteed renewable (b)	493,990		493,990							601,031	617,380
25.3 Non-renewable for stated reasons only (b)											
25.4 Other accident only											
25.5 All other (b)	188,645		188,645							181,625	145,793
25.6 <b>TOTALS</b> (sum of Lines 25.1 to 25.5)	682,635		682,635							782,656	763,173
26. <b>TOTALS</b> (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)	682,635		682,635							782,656	763,173

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....36 and number of persons insured under indemnity only products .....273.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF TENNESSEE

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			41,987,318	42,184,172			33,613,133
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)			1,034,894	1,034,894			1,078,937
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			159,665	159,665			106,944
25.6 TOTALS (sum of Lines 25.1 to 25.5)			1,194,559	1,194,559			1,185,881
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			43,181,877	43,378,731			34,799,014

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....8,404 and number of persons insured under indemnity only products .....574.



## DIRECT BUSINESS IN THE STATE OF TEXAS

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			6,698,987,833	6,654,171,263		5,490,222,112
24.1 Federal Employees Health Benefits Plan Premium (b)			2,866,710,245	2,911,029,282		2,677,379,230
24.2 Credit (Group and Individual)						
24.3 Collectively Renewable Policies (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)			385,988,527	384,936,802		288,681,092
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)			461,337,813	433,563,504		306,460,432
25.6 TOTALS (sum of Lines 25.1 to 25.5)			847,326,339	818,500,306		595,141,524
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			10,413,024,417	10,383,700,852		8,762,742,866

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....1,622,457 and number of persons insured under indemnity only products .....166,934.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF UTAH

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

		1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			16,062,777	16,038,076		12,167,911
24.1 Federal Employees Health Benefits Plan Premium (b)						
24.2 Credit (Group and Individual)						
24.3 Collectively Renewable Policies (b)						
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies						
25.1 Non-cancelable (b)						
25.2 Guaranteed renewable (b)			120,333	120,333		179,761
25.3 Non-renewable for stated reasons only (b)						
25.4 Other accident only						
25.5 All other (b)			18,900	18,900		45,405
25.6 TOTALS (sum of Lines 25.1 to 25.5)			139,233	139,233		225,166
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			16,202,010	16,177,309		12,393,077
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....3,604 and number of persons insured under indemnity only products .....95.						



## DIRECT BUSINESS IN THE STATE OF VIRGINIA

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX							
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED		1 Number	2 Amount	Credit Life (Group and Individual)		Group		Industrial		Total
		3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
POLICY EXHIBIT				No. of Policies						
20. In force December 31, prior year				(a)						
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year				(a)						

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		596,091		596,091		589,849	609,004
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		101,714		101,714		149,573	144,456
25.6 TOTALS (sum of Lines 25.1 to 25.5)		697,805		697,805		739,422	753,460
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		697,805		697,805		739,422	753,460

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....22 and number of persons insured under indemnity only products .....241.

DIRECT BUSINESS IN THE STATE OF **WEST VIRGINIA**

NAIC Group Code: 0917

**LIFE INSURANCE**

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. <b>TOTALS</b> (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 <b>TOTALS</b> (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 <b>TOTALS</b> (sum of Lines 7.1 to 7.3)										
8. <b>GRAND TOTALS</b> (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. <b>TOTALS</b>										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. <b>TOTALS</b> (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 <b>TOTALS Paid</b>										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 <b>TOTAL Settlements</b>										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

**ACCIDENT AND HEALTH INSURANCE**

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		42,451		42,451			57,736
25.3 Non-renewable for stated reasons only (b)							58,638
25.4 Other accident only							
25.5 All other (b)		22,513		22,513		6,232	6,508
25.6 <b>TOTALS</b> (sum of Lines 25.1 to 25.5)		64,964		64,964		63,968	65,146
26. <b>TOTALS</b> (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		64,964		64,964		63,968	65,146

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....7 and number of persons insured under indemnity only products .....16.



## DIRECT BUSINESS IN THE STATE OF WISCONSIN

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total		
1. Life Insurance											
2. Annuity considerations											
3. Deposit-type contract funds			XXX						XXX		
4. Other considerations											
5. TOTALS (sum of Lines 1 to 4)											
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>											
<b>Life Insurance:</b>											
6.1 Paid in cash or left on deposit											
6.2 Applied to pay renewal premiums											
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period											
6.4 Other											
6.5 TOTALS (sum of Lines 6.1 to 6.4)											
<b>Annuities:</b>											
7.1 Paid in cash or left on deposit											
7.2 Applied to provide paid-up annuities											
7.3 Other											
7.4 TOTALS (sum of Lines 7.1 to 7.3)											
8. GRAND TOTALS (Lines 6.5 plus 7.4)											
<b>DIRECT CLAIMS AND BENEFITS PAID</b>											
9. Death benefits											
10. Matured endowments											
11. Annuity benefits											
12. Surrender values and withdrawals for life contracts											
13. Aggregate write-ins for miscellaneous direct claims and benefits paid											
14. All other benefits, except accident and health											
15. TOTALS											
<b>DETAILS OF WRITE-INS</b>											
1301.											
1302.											
1303.											
1398. Summary of remaining write-ins for Line 13 from overflow page											
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)											
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total		
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount	
16. Unpaid December 31, prior year											
17. Incurred during current year											
18.1 Settled during current year: By payment in full											
18.2 By payment on compromised claims											
18.3 TOTALS Paid											
18.4 Reduction by compromise											
18.5 Amount rejected											
18.6 TOTAL Settlements											
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)											
<b>POLICY EXHIBIT</b>											
20. In force December 31, prior year											
21. Issued during year											
22. Other changes to in force (Net)											
23. In force December 31 of current year											

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)							
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)		3,595,928		3,595,928		3,436,141	3,508,398
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)		480,620		480,620		1,077,887	870,453
25.6 TOTALS (sum of Lines 25.1 to 25.5)		4,076,548		4,076,548		4,514,028	4,378,851
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)		4,076,548		4,076,548		4,514,028	4,378,851

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....96 and number of persons insured under indemnity only products .....1,444.



2018

Document Code: 206

## DIRECT BUSINESS IN THE STATE OF OTHER FOREIGN TOTAL

NAIC Group Code: 0917

## LIFE INSURANCE

## DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Ordinary		Credit Life (Group and Individual)		Group		Industrial		Total	
	1 Number	2 Amount	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.

Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.

Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			185,242,397	254,988,383			
24.1 Federal Employees Health Benefits Plan Premium (b)							
24.2 Credit (Group and Individual)							
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies							
25.1 Non-cancelable (b)							
25.2 Guaranteed renewable (b)							
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			286,884,643	262,209,439			
25.6 TOTALS (sum of Lines 25.1 to 25.5)			286,884,643	262,209,439			
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			472,127,040	517,197,822			

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....0 and number of persons insured under indemnity only products .....0.



## DIRECT BUSINESS IN THE STATE OF GRAND TOTAL

NAIC Group Code: 0917

## LIFE INSURANCE

DURING THE YEAR 2018

NAIC Company Code: 70670

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS		1 Ordinary	2 Credit Life (Group and Individual)		3 Group		4 Industrial		5 Total	
1. Life Insurance										
2. Annuity considerations										
3. Deposit-type contract funds			XXX						XXX	
4. Other considerations										
5. TOTALS (sum of Lines 1 to 4)										
<b>DIRECT DIVIDENDS TO POLICYHOLDERS</b>										
<b>Life Insurance:</b>										
6.1 Paid in cash or left on deposit										
6.2 Applied to pay renewal premiums										
6.3 Applied to provide paid-up additions or shorten the endowment or premium - paying period										
6.4 Other										
6.5 TOTALS (sum of Lines 6.1 to 6.4)										
<b>Annuities:</b>										
7.1 Paid in cash or left on deposit										
7.2 Applied to provide paid-up annuities										
7.3 Other										
7.4 TOTALS (sum of Lines 7.1 to 7.3)										
8. GRAND TOTALS (Lines 6.5 plus 7.4)										
<b>DIRECT CLAIMS AND BENEFITS PAID</b>										
9. Death benefits										
10. Matured endowments										
11. Annuity benefits										
12. Surrender values and withdrawals for life contracts										
13. Aggregate write-ins for miscellaneous direct claims and benefits paid										
14. All other benefits, except accident and health										
15. TOTALS										
<b>DETAILS OF WRITE-INS</b>										
1301.										
1302.										
1303.										
1398. Summary of remaining write-ins for Line 13 from overflow page										
1399. TOTALS (Lines 1301 through 1303 plus 1398) (Line 13 above)										
<b>DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED</b>	Number	Amount	Credit Life (Group and Individual)		Group		Industrial		Total	
			1	2	3 No. of Ind.Pols & Group Certifs.	4 Amount	5 No. of Certificates	6 Amount	7 Number	8 Amount
16. Unpaid December 31, prior year										
17. Incurred during current year										
18.1 Settled during current year: By payment in full										
18.2 By payment on compromised claims										
18.3 TOTALS Paid										
18.4 Reduction by compromise										
18.5 Amount rejected										
18.6 TOTAL Settlements										
19. Unpaid Dec. 31, current year (Lines 16 + 17 - 18.6)										
<b>POLICY EXHIBIT</b>										
20. In force December 31, prior year										
21. Issued during year										
22. Other changes to in force (Net)										
23. In force December 31 of current year										

(a) Includes Individual Credit Life Insurance prior year \$.....0, current year \$.....0.  
 Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$.....0, current year \$.....0.  
 Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$.....0, current year \$.....0.

## ACCIDENT AND HEALTH INSURANCE

			1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group Policies (b)			14,827,825,651	14,937,662,418			12,170,189,541
24.1 Federal Employees Health Benefits Plan Premium (b)			5,183,316,533	5,262,146,770			4,816,316,845
24.2 Credit (Group and Individual)							4,884,028,710
24.3 Collectively Renewable Policies (b)							
24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies			471,868,447	428,364,166			423,292,389
25.1 Non-cancelable (b)							410,726,238
25.2 Guaranteed renewable (b)			1,613,857,003	1,606,625,076			1,267,184,385
25.3 Non-renewable for stated reasons only (b)							
25.4 Other accident only							
25.5 All other (b)			3,842,735,766	3,823,472,811			2,462,250,367
25.6 TOTALS (sum of Lines 25.1 to 25.5)			5,456,592,770	5,430,097,887			3,719,456,191
26. TOTALS (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6)			25,939,603,401	26,058,271,240			21,129,254,966

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products .....3,590,125 and number of persons insured under indemnity only products .....644,232.

# INDEX TO HEALTH ANNUAL STATEMENT

Analysis of Operations By Lines of Business .....	7
Assets .....	2
Cash Flow .....	6
Exhibit 1 - Enrollment By Product Type for Health Business Only .....	17
Exhibit 2 - Accident and Health Premiums Due and Unpaid .....	18
Exhibit 3 - Health Care Receivables .....	19
Exhibit 3A - Analysis of Health Care Receivables Collected and Accrued .....	20
Exhibit 4 - Claims Unpaid and Incentive Pool, Withhold and Bonus .....	21
Exhibit 5 - Amounts Due From Parent, Subsidiaries and Affiliates .....	22
Exhibit 6 - Amounts Due To Parent, Subsidiaries and Affiliates .....	23
Exhibit 7 - Part 1 - Summary of Transactions With Providers .....	24
Exhibit 7 - Part 2 - Summary of Transactions With Intermediaries .....	24
Exhibit 8 - Furniture, Equipment and Supplies Owned .....	25
Exhibit of Capital Gains (Losses) .....	15
Exhibit of Net Investment Income .....	15
Exhibit of Nonadmitted Assets .....	16
Exhibit of Premiums, Enrollment and Utilization (State Page) .....	30
Five-Year Historical Data .....	29
General Interrogatories .....	27
Jurat Page .....	1
Liabilities, Capital and Surplus .....	3
Notes To Financial Statements .....	26
Overflow Page For Write-ins .....	44
Schedule A - Part 1 .....	E01
Schedule A - Part 2 .....	E02
Schedule A - Part 3 .....	E03
Schedule A - Verification Between Years .....	SI02
Schedule B - Part 1 .....	E04
Schedule B - Part 2 .....	E05
Schedule B - Part 3 .....	E06
Schedule B - Verification Between Years .....	SI02
Schedule BA - Part 1 .....	E07
Schedule BA - Part 2 .....	E08
Schedule BA - Part 3 .....	E09
Schedule BA - Verification Between Years .....	SI03
Schedule D - Part 1 .....	E10
Schedule D - Part 1A - Section 1 .....	SI05
Schedule D - Part 1A - Section 2 .....	SI08
Schedule D - Part 2 - Section 1 .....	E11
Schedule D - Part 2 - Section 2 .....	E12
Schedule D - Part 3 .....	E13
Schedule D - Part 4 .....	E14
Schedule D - Part 5 .....	E15
Schedule D - Part 6 - Section 1 .....	E16
Schedule D - Part 6 - Section 2 .....	E16
Schedule D - Summary By Country .....	SI04
Schedule D - Verification Between Years .....	SI03
Schedule DA - Part 1 .....	E17
Schedule DA - Verification Between Years .....	SI10
Schedule DB - Part A - Section 1 .....	E18
Schedule DB - Part A - Section 2 .....	E19
Schedule DB - Part A - Verification Between Years .....	SI11
Schedule DB - Part B - Section 1 .....	E20
Schedule DB - Part B - Section 2 .....	E21
Schedule DB - Part B - Verification Between Years .....	SI11
Schedule DB - Part C - Section 1 .....	SI12
Schedule DB - Part C - Section 2 .....	SI13
Schedule DB - Part D - Section 1 .....	E22
Schedule DB - Part D - Section 2 .....	E23

# INDEX TO HEALTH ANNUAL STATEMENT

Schedule DB - Verification .....	SI14
Schedule DL - Part 1 .....	E24
Schedule DL - Part 2 .....	E25
Schedule E - Part 1 - Cash .....	E26
Schedule E - Part 2 - Cash Equivalents .....	E27
Schedule E - Part 2 - Verification Between Years .....	SI15
Schedule E - Part 3 - Special Deposits .....	E28
Schedule S - Part 1 - Section 2 .....	31
Schedule S - Part 2 .....	32
Schedule S - Part 3 - Section 2 .....	33
Schedule S - Part 4 .....	34
Schedule S - Part 5 .....	35
Schedule S - Part 6 .....	36
Schedule S - Part 7 .....	37
Schedule T - Part 2 - Interstate Compact .....	39
Schedule T - Premiums and Other Considerations .....	38
Schedule Y - Part 1 - Information Concerning Activities of Insurer Members of a Holding Company Group .....	40
Schedule Y - Part 1A - Detail of Insurance Holding Company System .....	41
Schedule Y - Part 2 - Summary of Insurer's Transactions With Any Affiliates .....	42
Statement of Revenue and Expenses .....	4
Summary Investment Schedule .....	SI01
Supplemental Exhibits and Schedules Interrogatories .....	43
Underwriting and Investment Exhibit - Part 1 .....	8
Underwriting and Investment Exhibit - Part 2 .....	9
Underwriting and Investment Exhibit - Part 2A .....	10
Underwriting and Investment Exhibit - Part 2B .....	11
Underwriting and Investment Exhibit - Part 2C .....	12
Underwriting and Investment Exhibit - Part 2D .....	13
Underwriting and Investment Exhibit - Part 3 .....	14